

# EXECUTIVE SUMMARY

## HEALTH AND HUMAN SERVICES APPROPRIATIONS ACT

HOUSE FILE 811

### FUNDING SUMMARY

- Appropriates a total of \$1.249 billion from the General Fund and 6,990.7 FTE positions to the Departments of Elder Affairs, Public Health, Human Services, and Veterans Affairs, and the Iowa Veterans Home. This is an increase of \$25.1 million and a decrease of 136.8 FTE positions compared to the estimated net FY 2009 appropriations. This Act provides for a reduction in the FY 2009 Medicaid appropriation of \$52.0 million, a \$6.0 supplemental appropriation to Broadlawns Medical Center from the IowaCare Account, and an increase of 20.8 FTE positions for the Iowa Veterans Home.
- Appropriates a total of \$438.1 million from other funds. This is a decrease of \$113.0 million compared to the estimated net FY 2009 appropriations. This includes:
  - A decrease of \$7.3 million from the Gambling Treatment Fund to the Department of Public Health. This reflects the elimination of the Fund and the transfer of those monies to the General Fund. The appropriations are similar in amount for the two purposes within the Addictive Disorders budget unit of the DPH. (Page 3, Line 27; Page 5, Line 14; Page 84, Line 6; and Page 96, Line 2 through Page 100, Line 3)
  - \$142.7 million from the Temporary Assistance to Needy Families (TANF) Fund to the Department of Human Services. This is no change compared to the estimated net FY 2009 appropriation. (Page 12, Line 15 through Page 15, Line 34)
  - \$27.3 million from the Senior Living Trust Fund (SLTF) to the Departments of Elder Affairs, Human Services, and Inspections and Appeals, and the Iowa Finance Authority. This is a decrease of \$95.0 million compared to the estimated net FY 2009 appropriation. (Page 63, Line 21 through Page 66, Line 16)
  - A decrease of \$624,000 from the Property Tax Relief Fund to the Medicaid Program. This was a one-time FY 2009 appropriation. (Not part of this FY 2010 Act)
  - \$1.3 million from the Pharmaceutical Settlement Account to Medical Contracts. This is no change compared to the estimated net FY 2009 appropriation. (Page 66, Line 15)
  - \$120.3 million from the IowaCare Account to the Department of Human Services (DHS), the University of Iowa Hospitals and Clinics, and Polk County Broadlawns Medical Center. This is an increase of \$8.1 million compared to the estimated net FY 2009 appropriation. (Page 66, Line 25 through Page 69, Line 28)
  - \$5.4 million from the Health Care Transformation Account (HCTA) to the DHS and Department of Elder Affairs (DEA). This is a decrease of \$200,000 compared to the estimated net FY 2009 appropriation. (Page 69, Line 29 through Page 71 Line 21)
  - \$118.8 million from the Health Care Trust Fund to various Departments. This is a decrease of \$10.9 million compared to the estimated net FY 2009 appropriation. (Page 78, Line 3 through Page 84, Line 6)
  - Transfers \$222,870 from the HCTF Community Capacity appropriation to the Department of Elder Affairs for unmet needs for elderly services. (Page 83, Line 14)

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### MAJOR INCREASES, DECREASES, AND TRANSFERS OF EXISTING PROGRAMS

Makes the following General Fund or other fund changes for FY 2010:

- **Department of Elder Affairs:** A decrease of \$316,000 and 3.0 FTE positions compared to the estimated net FY 2009 General Fund appropriation. (Page 1, Line 4)
- **Department of Public Health:** A net increase of \$25.3 million and a net decrease of 7.5 FTE positions compared to the estimated net FY 2009 General Fund appropriation. The significant changes include:
  - An increase of \$25.6 million and 12.0 FTE positions for Addictive Disorders. (Page 3, Line 27)
  - A decrease of \$336,000 and 2.0 FTE positions for Healthy Children and Families. (Page 6, Line 20)
  - An increase of \$594,000 and a decrease of 2.0 FTE positions for Chronic Conditions. (Page 7, Line 14)
  - An increase of \$2.4 million and 9.0 FTE positions for Community Capacity. (Page 8, Line 6)
  - A decrease of \$750,000 for Elderly Wellness. (Page 9, Line 3)
  - An increase of \$279,000 and 2.5 FTE positions for Environmental Hazards. (Page 9, Line 12)
  - A decrease of \$1.2 million and 2.0 FTE positions for Infectious Diseases. (Page 9, Line 23)
  - An increase of \$455,000 and 2.0 FTE positions for Public Protection. (Page 9, Line 29)
  - A decrease of \$132,000 for Resource Management. (Page 10, Line 20)
- **Department of Human Services:** A net increase of \$2.9 million and a net decrease of 147.2 FTE positions compared to the estimated net FY 2009 General Fund appropriation. The changes include:
  - A decrease of \$7.5 million for the Family Investment Program. (Page 18, Line 21)
  - A decrease of \$1.7 million for the Child Support Recovery Unit. (Page 20, Line 17)
  - A net increase of \$84.3 million for the Medical Assistance Program. (Page 21, Line 25)
  - A decrease of \$302,000 for Medical Contracts. (Page 28, Line 13)
  - An increase of \$969,000 for the State Children's Health Insurance Program. (Page 29, Line 20)
  - A decrease of \$521,000 for Medical Assistance and Children's Health Insurance Expansions. (Page 91, Line 24)
  - A decrease of \$2.5 million for the Child Care Assistance Program. (Page 30, Line 1)
  - A decrease of \$837,000 and 1.0 FTE position for the Toledo Juvenile Home. (Page 32, Line 27)
  - A decrease of \$1.3 million for the Eldora Training School. (Page 32, Line 32)
  - An increase of \$1.6 million for Child and Family Services. (Page 33, Line 7)
  - An increase of \$1.2 million for the Adoption Subsidy Program. (Page 39, Line 32)
  - A decrease of \$210,000 for the Family Support Subsidy Program. (Page 41, Line 7)
  - A decrease of \$3.2 million for the four Mental Health Institutes. (Page 42, Lines 4 through Line 33)

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### MAJOR INCREASES, DECREASES, AND TRANSFERS OF EXISTING PROGRAMS (CONTINUED)

- A decrease of \$2.9 million for the two State Resource Centers. (Page 43, Line 24 through Line 35)
- A decrease of \$1.6 million for the State Cases Program. (Page 44, Line 35)
- An increase of \$158,000 and 11.0 FTE positions for the Sexual Predator Commitment Program. (Page 47, Line 25)
- A decrease of \$9.5 million and 178.7 FTE positions for Field Operations and General Administration. (Page 48, Lines 13 and 26)
- A decrease of \$729,000 for Family Planning Funding. (Page 49, Line 31)
- A decrease of \$97,000 for Pregnancy Counseling and Support Services. (Page 50, Line 11)
- ***Veterans Affairs:*** A net decrease of \$2.8 million and a net increase of 20.8 FTE positions from the General Fund for the Department of Veterans Affairs compared to the estimated net FY 2009 appropriation. This includes:
  - An increase of \$132,000 for the Department of Veterans Affairs. (Page 11, Line 3)
  - A decrease of \$3.1 million and an increase of 20.8 FTE positions for the Iowa Veterans Home. (Page 11, Line 10)
  - An increase of \$414,000 for the County Veterans Grant Program. (Page 12, Line 4)
  - Transfers \$1.8 million from the Veterans Home to the Medical Assistance Program to annualize the FY 2009 hospital rebase. (Page 86, Line 32)

### STUDIES AND INTENT LANGUAGE

- ***Department of Veterans Affairs:*** Requires the Iowa Veterans Home to adjust the incentive therapy program payment schedule. (Page 11, Line 22)
- ***Department of Human Services (DHS):***
  - Specifies legislative intent that the Department of Human Services (DHS) review expanding eligibility for the federal Food Assistance Program. (Page 18, Line 5)
  - Requires the Iowa Autism Council to work with the DHS to review the option of implementing a Medicaid waiver for autism services. (Page 27, Line 8)
  - Requires the DHS to issue a Request for Proposals (RFP) for a Medicaid correct coding initiative. (Page 27, Line 15)
  - Requires the DHS to request a Medicaid State Plan Amendment for applied behavioral analysis therapy to be effective for FY 2011. (Page 27, Line 24)
  - Permits the DHS to issue an RFP for a Medicaid transportation brokerage system. (Page 27, Line 31)
  - Specifies legislative intent regarding avoidance of a waiting list in FY 2010 with expectation of sufficient funding for child care subsidy assistance in FY 2011. (Page 30, Line 8)
  - Requires the DHS to work with juvenile courts and juvenile court services to improve communication and eliminate barriers. (Page 39, Line 19)

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### STUDIES AND INTENT LANGUAGE (CONTINUED)

- Requires the DHS to submit a proposal to close one of the Mental Health Institutes. (Page 42, Line 34)
- Requires the Department to staff a task force appointed by the Governor to review the four State Mental Health Institutes and collaborate with the DHS on a proposal to close one of the Mental Health Institutes. (Page 43, Line 10)
- Requires the Iowa Hospital Association to submit information to the Government Oversight Committee during the 2010 Legislative Session regarding the increased compensation and cost of employment for direct care hospital staff. (Page 52, Line 7)
- Requires the DHS to submit proposed rules that have a fiscal impact that were not included in the FY 2010 budget to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee and the Appropriations Committees prior to the submittal for the administrative rules process. (Page 60, Line 20)
- Requests the Legislative Council to establish an interim study committee for pharmacy-related issues. (Page 62, Line 9)
- Requires the Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury Commission and the Iowa Mental Health Planning Council to meet quarterly. (Page 77, Line 12)
- Requires the Direct Care Worker Association to submit a report and the Federal 990 Tax Form. (Page 82, Line 33)
- Requires the Executive Committee of the Electronic Health Information Advisory Council to review barriers in State law related to electronic health records by December 15, 2009. (Page 121, Line 32)
- **All Four Departments:**
  - Requires the Departments of Elder Affairs, Public Health, Human Services, Veterans Affairs, and Iowa Veterans Home to:
    - Develop a plan for maximizing efficiencies within the budgets for FY 2011 and reduce their respective budgets by five percent. (Page 60, Line 35) *This item was vetoed by the Governor.*
    - Retain to the extent possible positions providing direct services to the public in reductions in full-time equivalent positions. (Page 61, Line 10)
- **Other:**
  - Requires the Chairpersons of the Health and Human Services Appropriations Subcommittee to appoint a stakeholder task force to address the adult mental health and developmental disabilities system. (Page 76, Line 34)
- Specifies legislative intent for the DHS to initiate an evaluation system for nursing facility performance. (Page 58, Line 6)
- Adds reduction or elimination of a mobile mental health crisis team to the criteria for eligibility of funding from the Mental Health Risk Pool. (Page 72, Line 15)

### SIGNIFICANT CHANGES TO THE CODE OF IOWA

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## SIGNIFICANT CHANGES TO THE CODE OF IOWA (CONTINUED)

- Reduces the FY 2010 appropriation in HF 2700 (FY 2009 Standing Appropriations Act) for mental health allowed growth and provides for the FY 2010 distribution of the funds. (Page 72, Line 21 through Page 76, Line 33)
- Reduces the amount of funding transferred from the General Fund to the Health Care Trust Fund. (Page 83, Line 26)
- Increases the FY 2009 appropriation from the IowaCare Account to the Polk County Broadlawns Medical Center. Increases the amount of tax levy proceeds from the Medical Center to the Treasurer of State. (Page 84, Line 8 through Page 85, Line 27)
- Requires the DHS to revise the projects for the emergency mental health crisis system and a mental health services system for children and youth and to continue both projects for 24 months. (Page 88, Line 9)
- Reduces the FY 2009 nursing facility budget cap in the Medicaid Program. (Page 89, Line 23)
- Includes veterans in the existing Department of Public Health Viral Hepatitis Program. (Page 92, Line 26)
- Requires the Commission on Elder Affairs (Commission on Aging beginning July 1, 2009) to perform the duties of the Senior Living Coordinating Unit and repeals the Senior Living Coordinating Unit. (Page 93, Line 26 through Page 96, Line 1)
- Increases the amount of gambling revenue deposited in the General Fund from \$60.0 million to \$66.0 million to reflect funding of gambling treatment programs from the General Fund. (Page 96, Line 4)
- Eliminates the Gambling Treatment Fund and various statutory references. (Page 96, Line 30 through Page 100, Line 3)
- Transfers the Child Death Review Team to the Office of the State Medical Examiner. (Page 100, Line 4 through Page 102, Line 18)
- Implements the Public Health Modernization initiative. Creates the Governmental Public Health Advisory Council and Committee, and the Governmental Public Health System Fund. (Page 102, Line 19 through Page 114, Line 32)
- Creates a Nonparticipating Provider Reimbursement Fund within the IowaCare Program and provides that certain hospitals may be eligible for reimbursement in FY 2011 with federal approval. (Page 114, Line 33 through Page 119, Line 14)
- Permits certain examination results to be available to the Board of Cosmetology Arts and Sciences. (Page 119, Line 17)
- Eliminates the retailer revenue for the Electronic Benefit Transfer from the Food Assistance Program. (Page 119, Line 25)
- Requires the Department of Human Services to apply certain background checks to certain children centers. (Page 120, Line 11)
- Strikes Division II of SF 319 (Child Support Omnibus Act) to reflect a change in federal rules. (Page 121, Line 16)

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## FY 2009 CARRYFORWARDS, REDUCTIONS, OR SUPPLEMENTALS

- ***Department of Elder Affairs:***
  - Permits the carryforward of any remaining FY 2009 funds from a one-time appropriation for child welfare training expenditures. (Page 87, Line 32)
  - Permits the carryforward of any remaining FY 2009 funds from the appropriation for Pregnancy Counseling. (Page 89, Line 14)
  - Permits the carryforward of \$216,000 from the FY 2009 Senior Living Trust Fund appropriation to FY 2010 and FY 2011 for matching available federal nutrition funding from the American Reinvestment and Recovery Act of 2009. (Page 89, Line 29)
- ***Department of Public Health:***
  - A combination of \$1.0 million from the General Fund, Health Care Trust Fund, and the Healthy Iowans Tobacco Trust FY 2009 appropriations is carried forward to FY 2010 for addictive disorders. (Page 85, Line 32; Page 86, Line 7; Page 90, Line 31)
- ***Department of Veterans Affairs:***
  - Eliminates the FY 2009 FTE cap for the Iowa Veterans Home. (Page 86, Line 16)
  - Permits carryforward of funds remaining from the Vietnam Veteran Bonus and the Injured Veterans Grant Program appropriations to FY 2010. (Page 91, Line 5 and Page 91, Line 14)
- ***Department of Human Services:***
  - Increases the FY 2009 IowaCare Account appropriation for Polk County Broadlawns Medical Center. (Page 84, Line 8)
  - Decreases the FY 2009 General Fund appropriation for Medicaid. (Page 87, Line 20)
  - The remainder of the FY 2009 State Supplementary Assistance appropriation is carried forward to FY 2010 for the same purpose. (Page 89, Line 30)
  - Strikes the FY 2009 transfer of \$3.0 million from the HCTA to the IowaCare Account. (Page 90, Line 5)
  - Requires the remaining FY 2009 General Fund appropriation for Medicaid to carry forward to FY 2010 in lieu of being transferred to the Senior Living Trust Fund. (Page 90, Line 14)
  - Decreases the previously enacted FY 2010 appropriation for the Medicaid, Healthy and Well Kids in Iowa (hawk-i), and hawk-i Expansion Programs. (Page 91, Line 24)
- The following changes take effect on enactment:
  - Requirement that the DHS and juvenile court services develop an FY 2009 funding distribution plan. (Page 63, Line 8)
  - Carryforward of funds in the Department of Public Health relating to Addictive Disorders. (Page 85, Line 32; Page 86, Line 7; Page 90, Line 31; Page 92, Line 8)
  - Elimination of the FY 2009 FTE cap for the Iowa Veterans Home. (Page 86, Line 16)
  - Decrease in the FY 2009 General Fund appropriation for Medicaid. (Page 87, Line 19)
  - Extension of the emergency and children's mental health projects. (Page 88, Line 8)

## EFFECTIVE DATES

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### EFFECTIVE DATES (CONTINUED)

- Carryforward of the FY 2009 State Supplementary Assistance Program appropriation to FY 2010. (Page 88, Line 30)
- Change in the FY 2009 Medicaid nursing facility budget cap. (Page 89, Line 23)
- Carryforward of the FY 2009 Senior Living Trust Fund appropriation of \$216,000. (Page 89, Line 30)
- Elimination of the FY 2009 Health Care Transformation Account appropriation to the IowaCare Account. (Page 90, Line 5)
- Carryforward of the FY 2009 Medicaid appropriation for FY 2010 Medicaid expenditures. (Page 90, Line 14)
- Carryforward of the FY 2008 Vietnam Veterans Bonus funding to FY 2010 for the same purpose. (Page 91, Line 6)
- Carryforward of the FY 2007 Injured Veterans Grant Program funding to FY 2010 for the same purpose. (Page 91, Line 15)
- Decrease in the FY 2010 Medicaid, hawk-i, and hawk-i Expansion Program appropriation. (Page 91, Line 24)
- Transfer of the funds remaining in the Child Care Credit Fund to the General Fund. (Page 92, Line 4)

### EFFECTIVE DATE AND RETROACTIVITY PROVISION

- The increases in the FY 2009 IowaCare Account appropriation to Polk County Broadlawns Medical Center and the hospital tax levy transferred from Polk County to the Treasurer of State are effective on enactment and retroactive to July 1, 2008. (Page 85, Line 24)
- Changes related to Medicaid federal compliance with continuous eligibility for children are effective on enactment and retroactive to July 1, 2008. (Page 121, Line 7)
- The change repealing certain sections of SF 319 regarding child support enforcement information is effective on enactment and retroactive to March 23, 2009. (Page 122, Line 13)

### GOVERNOR'S VETOES

- The Governor vetoed Section 28, Subsection 3, requiring the Department of Human Services to provide notification at least 30 days prior to implementation of any reorganization of service delivery. The Governor stated this Section infringes on the Executive Branch's duties to administer operations and programs. (Page 49, Line 7)
- The Governor vetoed Section 35 requiring the four Departments under the purview of this Act to develop plans for a five percent reduction to their budgets and report to the Legislature. The Governor stated that a budget process is already established in statute that starts with the Executive Branch and this language infringes on the Executive Branch's duties to develop the State budget. (Page 60, Line 35)
- The Governor vetoed Section 37 requiring employees to submit actual receipts for meals and other costs and requires reimbursement at the either the actual receipt amount up to the maximum allowed cost. The Governor stated that the language was not applied consistently statewide. (Page 61, Line 16)

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**GOVERNOR'S VETOES**  
**(CONTINUED)**

- The Governor vetoed Section 38 requiring all out-of-state travel for performance of State business by employees of the Departments or Agencies subject to this Act to be approved by the Executive Council. The Governor stated that subjecting the University of Iowa Hospitals and Clinics to this provision is not in the best interests of providing emergency medical care and taking care of patients.  
(Page 61, Line 26)

**ENACTMENT DATE**

- This Act was approved by the General Assembly on April 24, 2009, and item vetoed and signed by the Governor on May 26, 2009.



House File 811

House File 811 provides for the following changes to the Code of Iowa.

Page #	Line #	Bill Section	Action	Code Section	Description
3	12	1.6	Nwthstnd	Sec. 231.33(19) and 231.63	AAA Board Training and End of Life Planning
13	2	5.2	Nwthstnd	Sec. 8.33	Nonreversion of Contract Services Funds
13	16	5.3	Nwthstnd	Sec. 8.33	FY 2008 FaDSS Carryforward
19	25	7.4	Nwthstnd	Sec. 8.39	DHS Authority to Transfer TANF Funds
21	12	8.4	Nwthstnd	Sec. 598.22A	Retires Child Support Debt
45	31	24.4	Nwthstnd	Sec. 8.33	State Cases Program Carryforward
49	7	28.3	Nwthstnd	Sec. ALL, Chapter 217	Reorganization of Service Delivery
53	18	32.1(j)	Nwthstnd	Sec. ALL	Anesthesiologist Reimbursement Rate Increase
53	22	32.1(k)	Nwthstnd	Sec. 249A.20	Provider Rates
56	23	32.1	Nwthstnd	Sec. ALL	Inflation Rate for ICF/MR Reimbursement Rates
57	15	33	Amends	Sec. 33.4, Chapter 1187, 2008 Iowa Acts	Nursing Facility Reimbursement
61	16	37	Nwthstnd	Sec. ALL	State Employees Meal Reimbursement
61	26	38	Nwthstnd	Sec. ALL	Out-of-State Travel
64	32	43.2	Nwthstnd	Sec. 249H.7	Senior Living Programs
67	27	48.1(b)	Nwthstnd	Sec. ALL	IowaCare Appropriation Payments
71	3	49	Nwthstnd	Sec. 8.39(1)	Funds Transfer
71	34	52	Nwthstnd	Sec. 8.33	Carryforward of Medicaid Funds
72	15	53	Amends	Sec. 426B.5(2)(i)(3)	Mental Health Risk Pool Requirements
72	21	54	Amends	Sec. 1.1, Chapter 1191, 2008 Iowa Acts	Mental Health Allowed Growth
73	7	55.1	Amends	Sec. 1, Chapter 1191, 2008 Iowa Acts	Purchase of Services Contracts
73	19	55.2	Adds	Sec. 1.2, Chapter 1191, 2008 Iowa Acts	Mental Health Allowed Growth
74	16	55.3	Adds	Sec. 1.3, Chapter 1191, 2008 Iowa Acts	Mental Health Allowed Growth

Page #	Line #	Bill Section	Action	Code Section	Description
74	23	55.4-6	Adds	Sec. 1.4, Chapter 1191, 2008 Iowa Acts	Mental Health Allowed Growth
83	26	62	Amends	Sec. 453A.35(1)	Transfer of Tobacco Revenue to the Health Care Trust Fund
84	8	63	Amends	Sec. 44.3, Chapter 1187, 2008 Iowa Acts	IowaCare Broadlawns
84	29	64.1	Nwthstnd	Sec. 249J.24(6)(a)(1)	IowaCare Broadlawns Tax Revenue Collection
85	6	64.2	Nwthstnd	Sec. 249J.24(6)(a)(2)	IowaCare Broadlawns Tax Revenue Collection
87	11	69	Adds	Sec. 5, Chapter 1187, 2008 Iowa Acts	FIP Carryforward
87	20	70	Amends	Sec. 9(2), Chapter 1187, 2008 Iowa Acts	Medicaid Deappropriation
88	9	72	Adds	Sec. 9(20), Chapter 1187, 2008 Iowa Acts	Emergency and Children's Mental Health Services
88	24	73	Adds	Sec. 9.25, Chapter 1187, 2008 Iowa Acts	Medicaid Appropriation
88	30	74	Amends	Sec. 12, Chapter 1187, 2008 Iowa Acts	State Supplementary Assistance Carryforward
89	15	76	Adds	Sec. 30, Chapter 1187, 2008 Iowa Acts	Pregnancy Counseling Carryforward
89	23	77	Amends	Sec. 32.1(a)(1), Chapter 1187, 2008 Iowa Acts	Nursing Facility Cap
89	30	78	Adds	Sec. 39, Chapter 1187, 2008 Iowa Acts	Elder Affairs Senior Living Trust Carryforward
90	5	79	Amends	Sec. 46, Chapter 1187, 2008 Iowa Acts	IowaCare Transfer
90	14	80	Amends	Sec. 50, Chapter 1187, 2008 Iowa Acts	Medicaid Carryforward
91	24	84	Amends	Sec. 16, Chapter 1188, 2008 Iowa Acts	Covering All Children Appropriation
92	26	88	Amends	Sec. 135.19	Hepatitis C Awareness Program
93	25	89	Repeals	Sec. 135.2	Hepatitis C Awareness Program
93	28	90	Amends	Sec. 231.58	Senior Living Coordinating Unit
94	5	91	Amends	Sec. 249H.3(6)(b)	Senior Living Coordinating Unit
94	12	92	Amends	Sec. 249H.3(8)(b)	Senior Living Coordinating Unit

Page #	Line #	Bill Section	Action	Code Section	Description
94	19	93	Repeals	Sec. 249H.3(12)	Senior Living Coordinating Unit
94	21	94	Repeals	Sec. 249H.4(6)	Senior Living Coordinating Unit
94	23	95	Amends	Sec. 249H.7(1)	Senior Living Coordinating Unit
95	3	96	Amends	Sec. 249H.7(2)(1)	Senior Living Coordinating Unit
95	9	97	Amends	Sec. 249H.7(2)(c)	Senior Living Coordinating Unit
95	16	98	Amends	Sec. 249H.9(1)	Senior Living Coordinating Unit
95	25	99	Amends	Sec. 249H.10	Senior Living Coordinating Unit
96	4	100	Amends	Sec. 8.57(6)(e)(1)	Gambling Funds Transfer to State General Fund
96	30	101	Amends	Sec. 99D.7(22)	Gambling Treatment Fund
97	13	102	Repeals	Sec. 99D.15(5)	Gambling Treatment Fund
97	15	103	Amends	Sec. 99F.4(22)	Gambling Treatment Fund
97	33	104	Repeals	99F.11(3)(c)	Gambling Treatment Fund
97	35	105	Amends	Sec. 99G.39(1)	Gambling Treatment Fund
98	18	106	Amends	Sec. 135.150	Gambling Treatment Fund
100	6	108	Amends	Sec. 135.43(1)	Child Death Review Team Duties for State Medical Examiner
100	13	109	Amends	Sec. 135.43(2)	Child Death Review Team Duties for State Medical Examiner
100	30	110	Amends	Sec. 135.43(4)	Child Death Review Team Duties for State Medical Examiner
101	4	111	Amends	Sec. 135.43(7 and 8)	Child Death Review Team Duties for State Medical Examiner
102	6	112	Adds	Sec. 691.6(10)	Child Death Review Team Duties for State Medical Examiner
103	16	115	Adds	Sec. 135A.1	Public Health Modernization
103	19	116	Adds	Sec. 135A.2	Public Health Modernization
105	12	117	Adds	Sec. 135A.3	Public Health Modernization
105	25	118	Adds	Sec. 135A.4	Public Health Modernization
108	16	119	Adds	Sec. 135A.5	Public Health Modernization
110	10	120	Adds	Sec. 135A.6	Public Health Modernization
111	22	121	Adds	Sec. 135A.7	Public Health Modernization
112	27	122	Adds	Sec. 135A.8	Public Health Modernization
113	31	123	Adds	Sec. 135A.9	Public Health Modernization
114	15	124	Adds	Sec. 135A.10	Public Health Modernization

Page #	Line #	Bill Section	Action	Code Section	Description
114	27	125	Adds	Sec. 135A.11	Public Health Modernization
115	1	127.1	Amends	Sec. 249J.24A(1)	IowaCare Nonparticipating Providers Reimbursement
115	35	127.2	Amends	Sec. 249J.24A(2)	IowaCare Nonparticipating Providers Reimbursement
116	23	127.3	Amends	Sec. 249J.24A(3)	IowaCare Nonparticipating Providers Reimbursement
117	19	127.4	Amends	Sec. 249J.24A(4)	IowaCare Nonparticipating Providers Reimbursement
119	4	128.2	Nwthstnd	Sec. 128, HF 811, FY 2010 Health and Human Services Appropriations Act	IowaCare Renewal
119	25	130	Amends	Sec. 234.12A(1)	Eliminates EBT Fee
120	29	132	Amends	Sec. 249A.3(14)	Medicaid Continuous Eligibility
121	16	133	Repeals	Sec. Various, SF 319, 2009 Iowa Acts	Child Support Repeal
122	30	138	Repeals	Sec. 237A.28 and 422.100	Child Care Tax Credit Repeal

1 1 DIVISION I  
1 2 GENERAL FUND AND BLOCK GRANT APPROPRIATIONS

1 3 ELDER AFFAIRS

1 4 Section 1. DEPARTMENT OF ELDER AFFAIRS. There is  
1 5 appropriated from the general fund of the state to the  
1 6 department of elder affairs for the fiscal year beginning July  
1 7 1, 2009, and ending June 30, 2010, the following amount, or so  
1 8 much thereof as is necessary, to be used for the purposes  
1 9 designated:

1 10 For aging programs for the department of elder affairs and  
1 11 area agencies on aging to provide citizens of Iowa who are 60  
1 12 years of age and older with case management for the frail  
1 13 elderly only if the monthly cost per client for case  
1 14 management for the frail elderly services provided does not  
1 15 exceed the amount specified in this section, resident advocate  
1 16 committee coordination, employment, and other services which  
1 17 may include but are not limited to adult day services, respite  
1 18 care, chore services, telephone reassurance, information and  
1 19 assistance, and home repair services, and for the construction  
1 20 of entrance ramps which make residences accessible to the  
1 21 physically handicapped, and for salaries, support,  
1 22 administration, maintenance, and miscellaneous purposes, and  
1 23 for not more than the following full-time equivalent  
1 24 positions:  
1 25 ..... \$ 4,958,230  
1 26 ..... FTEs 37.50

1 27 1. Funds appropriated in this section may be used to  
1 28 supplement federal funds under federal regulations. To

General Fund appropriation to the Department of Elder Affairs for FY 2010.

DETAIL: This is a net decrease of \$316,214 and 3.00 FTE positions compared to the estimated net FY 2009 appropriation. This includes:

- A decrease of \$250,000 and 2.00 FTE positions to eliminate the Office of Substitute Decision Maker.
- A decrease of \$200,000 and 1.00 FTE position to eliminate the Aging and Disability Resource Center.
- A decrease of \$75,000 to eliminate the Long-Term Care Public Awareness Campaign.
- A decrease of \$19,000 to eliminate Area Agency on Aging (AAA) Board Training.
- A decrease of \$82,112 to eliminate AAA administration funding.
- A decrease of \$20,237 to the Retired Senior Volunteer Program.
- An increase of \$220,000 to be used to meet unmet home and community-based service needs for seniors.
- An increase of \$110,135 to replace savings identified in FY 2009.

Permits the use of funds appropriated in this Subsection to supplement federal funds for elderly services if those services are approved by an Area Agency on Aging. Requires local Area Agencies

1 29 receive funds appropriated in this section, a local area  
 1 30 agency on aging shall match the funds with moneys from other  
 1 31 sources according to rules adopted by the department. Funds  
 1 32 appropriated in this section may be used for elderly services  
 1 33 not specifically enumerated in this section only if approved  
 1 34 by an area agency on aging for provision of the service within  
 1 35 the area.

on Aging to match the funds for aging programs and services.

2 1 2. a. Of the funds appropriated in this section,  
 2 2 \$1,385,015 shall be transferred to the department of human  
 2 3 services in equal amounts on a quarterly basis for  
 2 4 reimbursement of case management services provided under the  
 2 5 medical assistance elderly waiver. The department of human  
 2 6 services shall adopt rules for case management services  
 2 7 provided under the medical assistance elderly waiver in  
 2 8 consultation with the department of elder affairs.

Requires \$1,385,015 to be transferred to the Department of Human Services (DHS) in equal amounts on a quarterly basis for Case Management reimbursement under the Medicaid Elderly Waiver for the Case Management Program for the Frail Elderly.

DETAIL: Maintains the current allocation and transfer levels.

2 9 b. The monthly cost per client for case management for the  
 2 10 frail elderly services provided shall not exceed an average of  
 2 11 \$70. However, if the department of human services adopts  
 2 12 administrative rules revising the reimbursement methodology to  
 2 13 include 15 minute units, 24-hour on-call, and other  
 2 14 requirements consistent with federal regulations, the \$70  
 2 15 monthly cap shall be eliminated and replaced with a quarterly  
 2 16 projection of expenditures and reimbursement revisions  
 2 17 necessary to maintain expenditures within the amounts budgeted  
 2 18 under the appropriations made for the fiscal year for the  
 2 19 medical assistance program.

Limits the maximum cost per client to \$70.00 per member, per month. If the Department of Human Services adopts rules to revise the reimbursement methodology for case management, the \$70.00 cap is eliminated.

2 20 c. The department of human services shall review  
 2 21 projections for state funding expenditures for reimbursement  
 2 22 of case management services under the medical assistance  
 2 23 elderly waiver on a quarterly basis and shall determine if an  
 2 24 adjustment to the medical assistance reimbursement rates are  
 2 25 necessary to provide reimbursement within the state funding

Requires the Department of Human Services to review expenditure for reimbursement of case management services under the Medicaid Elderly Waiver on a quarterly basis and adjust to provide reimbursements within the appropriation.

2 26 amounts budgeted under the appropriations made for the fiscal  
2 27 year for the medical assistance program. Any temporary  
2 28 enhanced federal financial participation that may become  
2 29 available for the medical assistance program during the fiscal  
2 30 year shall not be used in projecting the medical assistance  
2 31 elderly waiver case management budget. The department of  
2 32 human services shall revise such reimbursement rates as  
2 33 necessary to maintain expenditures for medical assistance  
2 34 elderly waiver case management services within the state  
2 35 funding amounts budgeted under the appropriations made for the  
3 1 fiscal year for the medical assistance program.

3 2 3. Of the funds appropriated in this section, \$179,961  
3 3 shall be transferred to the department of economic development  
3 4 for the Iowa commission on volunteer services to be used for  
3 5 the retired and senior volunteer program.

Requires a transfer of \$179,961 to the Iowa Commission on Volunteer Services in the Department of Economic Development for the Retired Senior Volunteer Program (RSVP).

DETAIL: This is a decrease of \$20,237 compared to the FY 2009 allocation.

3 6 4. The department shall continue the elder abuse  
3 7 initiative program established pursuant to section 231.56A.

Requires the Department to continue the Elder Abuse Initiative.

3 8 5. In addition to any other funds appropriated in this  
3 9 section for these purposes, \$220,000 shall be used to provide  
3 10 for elder unmet home and community-based services needs as  
3 11 identified in reports submitted by the area agencies on aging.

Allocates \$220,000 for unmet home and community-based services needs as identified by the Area Agencies on Aging.

3 12 6. During the fiscal year beginning July 1, 2009,  
3 13 notwithstanding section 231.33, subsection 19, relating to  
3 14 departmental training of area agency on aging boards of  
3 15 directors and section 231.63 relating to the development of  
3 16 end-of-life care information, the department is not required  
3 17 to comply with these requirements if funding is not available.

CODE: Notwithstanding requirements relating to Departmental training of AAA Boards and End of Life Information.

## 3 18 HEALTH

3 19 Sec. 2. DEPARTMENT OF PUBLIC HEALTH. The allocations made  
 3 20 in this section may include amounts carried forward from  
 3 21 appropriations and allocations made for the same purposes in  
 3 22 the previous fiscal year. There is appropriated from the  
 3 23 general fund of the state to the department of public health  
 3 24 for the fiscal year beginning July 1, 2009, and ending June  
 3 25 30, 2010, the following amounts, or so much thereof as is  
 3 26 necessary, to be used for the purposes designated:

## 3 27 1. ADDICTIVE DISORDERS

3 28 For reducing the prevalence of use of tobacco, alcohol, and  
 3 29 other drugs, and treating individuals affected by addictive  
 3 30 behaviors, including gambling, and for not more than the  
 3 31 following full-time equivalent positions:  
 3 32 ..... \$ 28,652,500  
 3 33 ..... FTEs 18.00

General Fund appropriation to addictive disorders programs.

DETAIL: This is a net increase of \$25,616,583 and 12.00 FTE positions compared to the estimated net FY 2009 appropriation. An additional \$2,748,692 is provided to addictive disorders programs from the Health Care Trust Fund in Division IV. The General Fund changes include:

- A decrease of \$163,393 for a general reduction for addictive disorders programs.
- A decrease of \$1,000,000 for tobacco use prevention, cessation, and treatment to reflect available carryforward.
- The following increases were formerly funded by the Healthy Iowans Tobacco Trust (HITT) Fund that has been eliminated:
  - \$6,555,385 for tobacco use prevention, cessation, and treatment.
  - \$13,057,282 for substance abuse treatment.
  - \$993,487 for substance abuse prevention for kids.
- An increase of \$6,173,823 to reflect elimination of the Gambling Treatment Fund.
- An increase of 12.00 FTE positions to adjust for anticipated utilization for FY 2010 and to include FTEs formerly funded from the HITT fund.



3 34 a. Of the funds appropriated in this subsection,  
3 35 \$8,028,214 shall be used for the tobacco use prevention and  
4 1 control initiative, including efforts at the state and local  
4 2 levels, as provided in chapter 142A.

Requires \$8,028,214 to be used for tobacco use prevention, cessation, and treatment.

DETAIL: This is a decrease of \$450,051 compared to the total FY 2009 allocations. In FY 2009, \$1,550,000 of this allocation was funded by the HITT Fund.

4 3 (1) The director of public health shall dedicate  
4 4 sufficient resources to promote and ensure retailer compliance  
4 5 with tobacco laws and ordinances relating to persons under 18  
4 6 years of age, and shall prioritize the state's compliance in  
4 7 the allocation of available funds to comply with 42 U.S.C.  
4 8 300x=26 and section 453A.2.

Requires the Director of the Department of Public Health to promote and ensure retailer compliance with tobacco laws.

4 9 (2) Of the full-time equivalent positions authorized in  
4 10 this subsection, 2.00 full-time equivalent positions shall be  
4 11 utilized to provide for enforcement of tobacco laws,  
4 12 regulations, and ordinances under a chapter 28D agreement  
4 13 entered into between the Iowa department of public health and  
4 14 the alcoholic beverages division of the department of  
4 15 commerce.

Requires 2.00 FTE positions to be used jointly by the Department of Public Health and the Alcoholic Beverages Division of the Department of Commerce for enforcement of tobacco laws.

4 16 b. Of the funds appropriated in this subsection,  
4 17 \$17,546,252 shall be used for substance abuse treatment and  
4 18 prevention.

Allocates \$17,546,252 for substance abuse treatment and prevention.

DETAIL: This is a decrease of \$2,600,897 compared to the total FY 2009 allocations. In FY 2009, \$14,850,000 of this allocation was funded by the HITT Fund.

4 19 (1) Of the funds allocated in this lettered paragraph,  
4 20 \$993,487 shall be used for the public purpose of a grant  
4 21 program to provide substance abuse prevention programming for  
4 22 children.

Allocates \$993,487 for substance abuse prevention programs for children.

DETAIL: This is a decrease of \$56,513 compared to the FY 2009 allocation for a general reduction. This allocation was previously funded by the HITT Fund.

4 23 (a) Of the funds allocated in this subparagraph, \$473,100

Requires an allocation of \$473,100 for substance abuse prevention

4 24 shall be utilized for the public purpose of providing grant  
4 25 funding for organizations that provide programming for  
4 26 children by utilizing mentors. Programs approved for such  
4 27 grants shall be certified or will be certified within six  
4 28 months of receiving the grant award by the Iowa commission on  
4 29 volunteer services as utilizing the standards for effective  
4 30 practice for mentoring programs.

programs for children to be used for programs that utilize mentors. Requires the programs that receive this funding to be verified within six months of receiving grants by the Iowa Commission on Volunteer Services as using effective standards for mentoring programs.

DETAIL: This is a decrease of \$26,900 compared to the FY 2009 allocation for a general reduction. This allocation was previously funded by the HITT Fund.

4 31 (b) Of the funds allocated in this subparagraph, \$473,100  
4 32 shall be utilized for the public purpose of providing grant  
4 33 funding for organizations that provide programming that  
4 34 includes youth development and leadership. The programs shall  
4 35 also be recognized as being programs that are scientifically  
5 1 based with evidence of their effectiveness in reducing  
5 2 substance abuse in children.

Requires an allocation of \$473,100 for substance abuse prevention programs for children to be used to provide programs that include youth and character development, and leadership. Requires the programs to be recognized as scientifically-based with evidence of effectiveness in reducing substance abuse in children.

DETAIL: This is a decrease of \$26,900 compared to the FY 2009 allocation for a general reduction. This allocation was previously funded by the HITT Fund.

5 3 (c) The Iowa department of public health shall utilize a  
5 4 request for proposals process to implement the grant program.

Requires the Department of Public Health to issue a Request for Proposals (RFP) to determine grant recipients for the funds appropriated for substance abuse prevention programs for children.

5 5 (d) All grant recipients shall participate in a program  
5 6 evaluation as a requirement for receiving grant funds.

Requires substance abuse prevention programs for children to participate in program evaluations.

5 7 (e) Of the funds allocated for the grant program, \$47,287  
5 8 shall be used to administer substance abuse prevention grants  
5 9 and for program evaluations.

Requires \$47,287 of the amount appropriated for substance abuse prevention programs for children to be used to administer prevention program evaluations.

DETAIL: This is a decrease of \$2,713 compared to the FY 2009 allocation for a general reduction. This allocation was previously funded by the HITT Fund.

5 10 (2) It is the intent of the general assembly that from the

Specifies it is the intent of the General Assembly that individuals with

5 11 moneys allocated in this lettered paragraph persons with a  
5 12 dual diagnosis of substance abuse and gambling addictions  
5 13 shall be given priority in treatment services.

a diagnosis of both substance abuse and gambling addiction are required to be given priority in treatment services from the funds appropriated in this Section.

5 14 c. (1) Of the funds appropriated in this subsection,  
5 15 \$4,078,035 shall be used for funding of gambling treatment,  
5 16 including administrative costs and to provide programs which  
5 17 may include but are not limited to outpatient and follow-up  
5 18 treatment for persons affected by problem gambling,  
5 19 rehabilitation and residential treatment programs, information  
5 20 and referral services, education and preventive services, and  
5 21 financial management services. Of the amount allocated in  
5 22 this lettered paragraph, up to \$100,000 may be used for the  
5 23 licensing of gambling treatment programs as provided in  
5 24 section 135.150.

Allocates \$4,078,035 for gambling addiction treatment.

DETAIL: This is a decrease of \$702,363 compared to the FY 2009 estimated allocation. Programs that were previously funded by the eliminated Gambling Treatment Fund will now be funded by the General Fund. The Department of Public Health is permitted to use a maximum of \$100,000 for licensing of gambling treatment programs.

5 25 (2) (a) Notwithstanding any provision to the contrary, to  
5 26 standardize the availability, delivery, cost of delivery, and  
5 27 accountability of gambling and substance abuse treatment  
5 28 services statewide, the department shall continue  
5 29 implementation of a process to create a system for delivery of  
5 30 the treatment services in accordance with the requirements  
5 31 specified in 2008 Iowa Acts, chapter 1187, section 3,  
5 32 subsection 4. To ensure the system provides a continuum of  
5 33 treatment services that best meets the needs of Iowans, the  
5 34 gambling and substance abuse treatment services in an area may  
5 35 be provided either by a single agency or by separate agencies  
6 1 submitting a joint proposal. The process shall be completed  
6 2 by July 1, 2010.

Requires the Department of Public Health to implement a process to create a system for delivery of treatment services. Requires the process to include the establishment of joint licensure for gambling and substance abuse treatment programs. Requires the process to be completed by July 1, 2010.

6 3 (b) From the amounts designated for gambling and substance  
6 4 abuse treatment, the department may use up to \$100,000 for  
6 5 administrative costs to continue developing and implementing  
6 6 the process in accordance with subparagraph division (a).

Permits the Department of Public Health to allocate up to \$100,000 for administrative costs to develop and implement the process in accordance with this Subsection.

6 7 (3) The requirement of section 123.53, subsection 3, is  
 6 8 met by the appropriations and allocations made in this Act for  
 6 9 purposes of substance abuse treatment and addictive disorders  
 6 10 for the fiscal year beginning July 1, 2009.

The requirements of Section 123.53(3), Code of Iowa, are met by the appropriations made in this Act.

6 11 d. The bureau of substance abuse prevention and treatment,  
 6 12 the division of tobacco use prevention and control, and the  
 6 13 office of gambling treatment and prevention shall develop a  
 6 14 strategy to coordinate prevention activities across the  
 6 15 spectrum of addictive disorders in order to maximize  
 6 16 efficiencies and reduce expenditures while meeting the needs  
 6 17 of Iowans. The strategy shall be presented to the individuals  
 6 18 specified in this Act for submission of reports by December  
 6 19 15, 2009.

Requires the Bureau of Substance Abuse Prevention and Treatment, the Division of Tobacco Use, Prevention, and Control, and the Office of Gambling Treatment under the Department of Public Health to develop a strategy to maximize efficiencies and reduce expenditures related to prevention activities by December 15, 2009.

6 20 2. HEALTHY CHILDREN AND FAMILIES

6 21 For promoting the optimum health status for children,  
 6 22 adolescents from birth through 21 years of age, and families,  
 6 23 and for not more than the following full-time equivalent  
 6 24 positions:

6 25 ..... \$ 2,249,167  
 6 26 ..... FTEs 14.00

General Fund appropriation to healthy children and families programs.

DETAIL: This is a net decrease of \$335,669 and 2.00 FTE positions compared to the estimated net FY 2009 appropriation. An additional \$493,574 is provided to the healthy children and families programs from the Health Care Trust Fund in Division IV. Significant changes to the General Fund appropriation include:

- A decrease of \$98,500 for elimination of State funding for the Iowa Mother's Milk Bank Program.
- A decrease of \$36,928 for elimination of the Child Death Review Team. The responsibilities of the Program are transferred to the State Medical Examiner under the Department of Public Health in Division X.
- A decrease of \$3,546 for elimination of State funding for the Sudden Infant Death Syndrome (SIDS) Autopsies Program.
- A decrease of \$87,771 for elimination of State funding for dental services for children through the University of Iowa College of Dentistry.
- A decrease of \$108,924 for a general reduction for healthy children and families programs.
- A decrease of 2.00 FTE positions to reflect anticipated utilization

for FY 2010.

6 27 a. Of the funds appropriated in this subsection, not more  
 6 28 than \$570,226 shall be used for the healthy opportunities to  
 6 29 experience success (HOPES)=healthy families Iowa (HFI) program  
 6 30 established pursuant to section 135.106. The department shall  
 6 31 transfer the funding allocated for the HOPES=HFI program to  
 6 32 the Iowa empowerment board for distribution and shall assist  
 6 33 the board in managing the contracting for the funding. The  
 6 34 funding shall be distributed to renew the grants that were  
 6 35 provided to the grantees that operated the program during the  
 7 1 fiscal year ending June 30, 2009.

Limits the General Fund amount used to fund the Healthy Opportunities for Parents to Experience Success (HOPES) Program to \$570,226. Requires the Department to transfer this funding to the Iowa Empowerment Board for distribution and management. The funds are required to be distributed to the grantees that received funding in FY 2009.

DETAIL: This is a decrease of \$75,691 compared to the FY 2009 allocation for a general reduction. An additional \$200,000 is allocated to the HOPES Program for child abuse prevention programming from the Temporary Assistance to Needy Families (TANF) Fund appropriation to the Department of Human Services in Division I.

7 2 b. Of the funds appropriated in this subsection, \$292,791  
 7 3 shall be used to continue to address the healthy mental  
 7 4 development of children from birth through five years of age  
 7 5 through local evidence-based strategies that engage both the  
 7 6 public and private sectors in promoting healthy development,  
 7 7 prevention, and treatment for children.

Allocates \$292,791 for the Assuring Better Child Health and Development (ABCD II) Program.

DETAIL: This is a decrease of \$32,209 compared to the FY 2009 allocation for a general reduction. An additional \$159,603 is allocated to the ABCD II Program from the appropriation to the healthy children and families programs from the Health Care Trust Fund in Division IV.

7 8 c. Of the funds appropriated in this subsection, \$35,108  
 7 9 shall be distributed to a statewide dental carrier to provide  
 7 10 funds to continue the donated dental services program  
 7 11 patterned after the projects developed by the national  
 7 12 foundation of dentistry for the handicapped to provide dental  
 7 13 services to indigent elderly and disabled individuals.

Allocates \$35,108 for dental services for indigent elderly and disabled individuals.

DETAIL: This is a decrease of \$4,892 compared to the FY 2009 allocation for a general reduction.

7 14 3. CHRONIC CONDITIONS  
 7 15 For serving individuals identified as having chronic  
 7 16 conditions or special health care needs, and for not more than  
 7 17 the following full-time equivalent positions:  
 7 18 ..... \$ 2,756,236

General Fund appropriation to chronic conditions programs.

DETAIL: This is a net increase of \$593,584 and a decrease of 2.00 FTE positions compared to the estimated net FY 2009 appropriation. An additional \$999,219 is provided to chronic conditions programs

7 19 ..... FTEs 3.00

from the Health Care Trust Fund (HCTF) in Division IV. The changes to the General Fund appropriation include:

- The elimination of State funding of \$59,131 for the Childhood Obesity Program. An appropriation of \$143,643 is provided to the Childhood Obesity Prevention Program from the HCTF in Division IV.
- The elimination of State funding of \$19,700 for the Hepatitis C Awareness Program.
- A general reduction of \$126,722 for chronic conditions programs.
- Increases that were previously funded by the Healthy Iowans Tobacco Trust (HITT) Fund:
  - \$88,938 for the Phenylketonuria (PKU) Assistance Program.
  - \$244,579 for the AIDS Drug Assistance Program (ADAP).
  - \$88,938 for the Epilepsy Education Program.
- An increase of \$324,043 to reflect the consolidation of appropriations to chronic conditions from HF 2539 (FY 2008 Health Care Reform Act).
- An increase of \$52,639 to restore administrative savings that were decreased in FY 2009.
- A decrease of 2.00 FTE positions to reflect anticipated utilization for FY 2010.

7 20 a. Of the funds appropriated in this subsection, \$176,542  
 7 21 shall be used for grants to individual patients who have  
 7 22 phenylketonuria (PKU) to assist with the costs of necessary  
 7 23 special foods.

Allocates \$176,542 for Phenylketonuria (PKU) assistance.

DETAIL: This is a decrease of \$23,458 compared to the total FY 2009 allocations for a general reduction. In FY 2009, \$100,000 of this allocation was funded by the HITT Fund.

7 24 b. Of the funds appropriated in this subsection, \$438,018  
 7 25 is allocated for continuation of the contracts for resource  
 7 26 facilitator services in accordance with section 135.22B,  
 7 27 subsection 9, and for brain injury training services and  
 7 28 recruiting of service providers to increase the capacity  
 7 29 within this state to address the needs of individuals with  
 7 30 brain injuries and such individuals' families.

Allocates \$438,018 for continuation of the two contracts from FY 2009 in the DPH Brain Injury Services Program.

DETAIL: This is a decrease of \$61,982 compared to the FY 2009 allocation for a general reduction.

7 31 c. Of the funds appropriated in this subsection, \$244,579  
 7 32 shall be used as additional funding to leverage federal  
 7 33 funding through the federal Ryan White Care Act, Title II,  
 7 34 AIDS drug assistance program supplemental drug treatment  
 7 35 grants.

Allocates \$244,579 to the AIDS Drug Assistance Program (ADAP).

DETAIL: This is a decrease of \$30,421 compared to the FY 2009 allocation for a general reduction. This allocation was previously funded by the HITT Fund.

8 1 d. Of the funds appropriated in this subsection, \$88,938  
 8 2 shall be used for the public purpose of providing a grant to  
 8 3 an existing national=affiliated organization to provide  
 8 4 education, client=centered programs, and client and family  
 8 5 support for people living with epilepsy and their families.

Allocates \$88,938 for epilepsy education and support.

DETAIL: This is a decrease of \$11,062 compared to the FY 2009 allocation for a general reduction. This allocation was previously funded by the HITT Fund.

8 6 4. COMMUNITY CAPACITY  
 8 7 For strengthening the health care delivery system at the  
 8 8 local level, and for not more than the following full=time  
 8 9 equivalent positions:  
 8 10 ..... \$ 4,116,847  
 8 11 ..... FTEs 21.00

General Fund appropriation to the community capacity programs.

DETAIL: This is a net increase of \$2,422,518 and 9.00 FTE positions compared to the estimated net FY 2009 appropriation. An additional \$2,253,507 is allocated from the appropriation to the community capacity programs from the HCTF in Division IV. Changes to the General Fund appropriation include:

- A decrease of \$62,960 for a general reduction.
- An increase of \$1,054,060 for local public health services. This allocation was previously funded by the HITT Fund.
- An increase of \$1,267,429 to reflect consolidation of the appropriations to community capacity from HF 2539 (FY 2009 Health Care Reform Act).
- An increase of \$100,000 for the Department of Public Health's Public Health Modernization Act in Division XI. An additional \$61,349 is provided to the initiative from the HCTF in Division IV.
- An increase of \$63,989 to restore administrative savings that were decreased in FY 2009.
- An increase of 9.00 FTE positions to reflect anticipated utilization for FY 2010 and to include FTE positions formerly funded by the HITT Fund.

NOTE: An additional \$500,000 in federal funding from the American Reinvestment and Recovery Act of 2009 is appropriated in HF 820

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(FY 2010 Federal Funds Appropriations Act) to community capacity programs.

8 12 a. Of the funds appropriated in this subsection, \$90,000  
8 13 is allocated for a child vision screening program implemented  
8 14 through the university of Iowa hospitals and clinics in  
8 15 collaboration with community empowerment areas.

Requires an allocation of \$90,000 for a Child Vision Screening program through the University of Iowa Hospitals and Clinics in collaboration with Community Empowerment areas.

DETAIL: This is a decrease of \$10,000 compared to the FY 2009 allocation for a general reduction.

8 16 b. Of the funds appropriated in this subsection, \$143,254  
8 17 is allocated for continuation of an initiative implemented at  
8 18 the university of Iowa and \$125,802 is allocated for  
8 19 continuation of an initiative at the state mental health  
8 20 institute at Cherokee to expand and improve the workforce  
8 21 engaged in mental health treatment and services. The  
8 22 initiatives shall receive input from the university of Iowa,  
8 23 the department of human services, the department of public  
8 24 health, and the mental health, mental retardation,  
8 25 developmental disabilities, and brain injury commission to  
8 26 address the focus of the initiatives.

Requires an allocation of \$143,254 for a University of Iowa initiative to expand and improve the mental health treatment and services workforce. Requires an allocation of \$125,802 for the same type of initiative at the Mental Health Institute at Cherokee.

DETAIL: These are decreases compared to the FY 2009 allocations of \$16,446 for the University of Iowa initiative and \$14,498 to the Mental Health Institute at Cherokee for general reductions. The requirement that the Department of Human Services, the Department of Public Health, and the Brain Injury Commission receive regular updates on the workforce initiative at the Mental Health Institute at Cherokee has been removed.

8 27 c. Of the funds appropriated in this subsection,  
8 28 \$1,054,060 shall be used for essential public health services  
8 29 that promote healthy aging throughout the lifespan, contracted  
8 30 through a formula for local boards of health, to enhance  
8 31 health promotion and disease prevention services.

Requires the Department of Public Health (DPH) to use \$1,054,060 for core public health functions, including home health care and public health nursing services.

DETAIL: This is a decrease of \$103,422 for the specified initiatives compared to the FY 2009 allocation for a general reduction. This allocation was previously funded by the HITT Fund.

8 32 d. Of the funds appropriated in this section, \$100,000  
8 33 shall be deposited in the governmental public health system  
8 34 fund created by this Act to be used to further develop the  
8 35 Iowa public health standards and to begin implementation of

Permits the Department of Public Health to use \$100,000 for the Public Health Modernization initiative.

DETAIL: This is a new allocation beginning in FY 2010. The allocation will be deposited in the Governmental Public Health System



9 1 public health modernization in accordance with chapter 135A,  
 9 2 as enacted by this Act, to the extent funding is available.

Fund established in Division XI.

9 3 5. ELDERLY WELLNESS  
 9 4 For promotion of healthy aging and optimization of the  
 9 5 health of older adults:  
 9 6 ..... \$ 8,345,779

General Fund appropriation to the elderly wellness programs.

DETAIL: This is a decrease of \$749,696 compared to the estimated net FY 2009 appropriation for a general reduction.

NOTE: An additional \$700,000 of federal funds from the American Reinvestment and Recovery Act of 2009 is appropriated to elderly wellness programs in HF 820 (FY 2010 Federal Funds Appropriations Act) for FY 2010.

9 7 a. Of the funds appropriated in this subsection,  
 9 8 \$2,292,076 shall be used for local public health nursing  
 9 9 services.

Allocates \$2,292,076 for the Local Public Health Nursing Program.

DETAIL: Maintains the current level of funding.

9 10 b. Of the funds appropriated in this subsection,  
 9 11 \$6,053,703 shall be used for home care aide services.

Allocates \$6,053,703 for the Home Care Aide Services Program.

DETAIL: This is a decrease of \$749,696 compared to the FY 2009 allocation for a general reduction.

9 12 6. ENVIRONMENTAL HAZARDS  
 9 13 For reducing the public's exposure to hazards in the  
 9 14 environment, primarily chemical hazards, and for not more than  
 9 15 the following full-time equivalent positions:  
 9 16 ..... \$ 1,000,391  
 9 17 ..... FTEs 4.50

General Fund appropriation to the environmental hazards programs.

DETAIL: This is a net increase of \$278,654 and 2.50 FTEs compared to the estimated net FY 2009 appropriation. Changes include:

- A general reduction of \$67,913 for environmental hazard programs.
- An increase of \$262,153 for environmental epidemiology. This allocation was previously funded by the HITT Fund.
- An increase of \$69,347 for childhood lead poisoning prevention. This allocation was previously funded by the HITT Fund.
- An increase of \$15,067 to restore administrative savings that were decreased in FY 2009.
- An increase of 2.50 FTE positions to reflect the FTEs formerly funded by the HITT Fund that will now be funded by the General

## Fund.

9 18 a. Of the funds appropriated in this subsection, \$601,631  
 9 19 shall be used for childhood lead poisoning provisions.

Requires an allocation of \$601,631 for childhood lead poisoning testing.

DETAIL: This is a decrease of \$61,084 compared to the FY 2009 allocation for a general reduction.

9 20 b. Of the funds appropriated in this subsection, not more  
 9 21 than \$262,153 shall be used for the development of scientific  
 9 22 and medical expertise in environmental epidemiology.

Requires an allocation of \$262,153 for environmental epidemiology.

DETAIL: This is a decrease of \$26,617 compared to the FY 2009 allocation for a general reduction. This allocation was previously funded by the HITT Fund.

9 23 7. INFECTIOUS DISEASES  
 9 24 For reducing the incidence and prevalence of communicable  
 9 25 diseases, and for not more than the following full-time  
 9 26 equivalent positions:  
 9 27 ..... \$ 1,630,661  
 9 28 ..... FTEs 5.00

General Fund appropriation to the Infectious Diseases Programs.

DETAIL: This is a decrease of \$1,164,883 and 2.00 FTE positions compared to the estimated net FY 2009 appropriation. Changes include:

- A decrease of \$209,600 for general reductions to infectious diseases programs.
- A decrease of \$992,915 in one-time supplemental funding for FY 2009 for vaccinations used in the 2008 disaster recovery period. The supplemental funding was provided in HF 414 (FY 2009 Appropriation Adjustments Act).
- An increase of \$37,632 to restore administrative savings that were decreased in FY 2009.
- A decrease of 2.00 FTE positions to reflect anticipated utilization for FY 2010.

9 29 8. PUBLIC PROTECTION  
 9 30 For protecting the health and safety of the public through  
 9 31 establishing standards and enforcing regulations, and for not

General Fund appropriation to the public protection programs.

DETAIL: This is a net increase of \$454,771 and 2.00 FTE positions compared to the estimated net FY 2009 appropriation. Changes

9 32 more than the following full-time equivalent positions:

9 33 ..... \$ 3,569,986

9 34 ..... FTEs 130.00

include:

- A general reduction of \$199,905 for public protection programs.
- A decrease of \$118,247 for the Office of the State Medical Examiner for a general reduction.
- An increase of \$348,245 for emergency medical services. This allocation was previously funded by the HITT Fund.
- An increase of \$539,468 for the State Poison Control Center. This allocation was previously funded by the HITT Fund.
- A decrease of \$179,822 for one-time funding in FY 2009 for startup costs for plumbing and mechanical contractor licensing.
- An increase of \$65,032 to restore administrative savings that were decreased in FY 2009.
- An increase of 2.00 FTE positions to reflect anticipated utilization for FY 2010.

9 35 a. Of the funds appropriated in this subsection, not more

10 1 than \$549,240 shall be credited to the emergency medical

10 2 services fund created in section 135.25. Moneys in the

10 3 emergency medical services fund are appropriated to the

10 4 department to be used for the purposes of the fund.

Requires \$549,240 to be allocated to the Emergency Medical Services Fund.

DETAIL: This is a decrease of \$94,260 compared to the FY 2009 allocation. The funds are used for training and equipment provided through the Emergency Medical Services (EMS) Program.

10 5 b. Of the funds appropriated in this subsection, \$232,477

10 6 shall be used for sexual violence prevention programming

10 7 through a statewide organization representing programs serving

10 8 victims of sexual violence through the department's sexual

10 9 violence prevention program. The amount allocated in this

10 10 lettered paragraph shall not be used to supplant funding

10 11 administered for other sexual violence prevention or victims

10 12 assistance programs.

Allocates \$232,477 to provide program funding for children's sexual violence prevention.

DETAIL: This is a decrease of \$30,023 compared to the FY 2009 allocation for a general reduction.

10 13 c. Of the funds appropriated in this subsection, not more

10 14 than \$348,244 shall be used for the continuation and support

10 15 of a coordinated system of delivery of trauma and emergency

10 16 medical services.

Requires an allocation up to a maximum of \$348,244 for Emergency Medical Services (EMS).

DETAIL: This is a decrease of \$39,076 compared to the FY 2009

allocation for a general reduction. This allocation was previously funded by the HITT Fund.

10 17 d. Of the funds appropriated in this subsection, not more  
10 18 than \$539,467 shall be used for the state poison control  
10 19 center.

Requires an allocation up to a maximum of \$539,467 for the State Poison Control Center.

DETAIL: This is a decrease of \$60,533 compared to the FY 2009 allocation for a general reduction. This allocation was previously funded by the HITT Fund.

10 20 9. RESOURCE MANAGEMENT  
10 21 For establishing and sustaining the overall ability of the  
10 22 department to deliver services to the public, and for not more  
10 23 than the following full-time equivalent positions:  
10 24 ..... \$ 1,062,517  
10 25 ..... FTEs 10.00

General Fund appropriation to the Department's resource management activities.

DETAIL: This is a net decrease of \$131,581 and no change in FTE positions compared to the estimated net FY 2009 appropriation. Changes to the General Fund appropriation include:

- A general reduction of \$156,508 for resource management.
- An increase of \$24,927 to restore administrative savings that were decreased in FY 2009.

NOTE: An additional \$1,800,000 of federal funding from the American Reinvestment and Recovery Act of 2009 is appropriated in HF 820 (FY 2010 Federal Funds Appropriations Act) for resource management for FY 2010.

10 26 The university of Iowa hospitals and clinics under the  
10 27 control of the state board of regents shall not receive  
10 28 indirect costs from the funds appropriated in this section.  
10 29 The university of Iowa hospitals and clinics billings to the  
10 30 department shall be on at least a quarterly basis.

Prohibits the University of Iowa Hospitals and Clinics (UIHC) from receiving indirect cost reimbursement from General Fund appropriations to the Department of Public Health. Requires the UIHC to submit billings on a quarterly basis for FY 2010.

10 31 DEPARTMENT OF VETERANS AFFAIRS

10 32 Sec. 3. DEPARTMENT OF VETERANS AFFAIRS. There is

10 33 appropriated from the general fund of the state to the  
 10 34 department of veterans affairs for the fiscal year beginning  
 10 35 July 1, 2009, and ending June 30, 2010, the following amounts,  
 11 1 or so much thereof as is necessary, to be used for the  
 11 2 purposes designated:

11 3 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION  
 11 4 For salaries, support, maintenance, and miscellaneous  
 11 5 purposes, including the war orphans educational assistance  
 11 6 fund created in section 35.8, and for not more than the  
 11 7 following full-time equivalent positions:  
 11 8 ..... \$ 1,067,170  
 11 9 ..... FTEs 17.20

General Fund appropriation to the Department of Veteran Affairs.

DETAIL: This is a decrease of \$132,159 and no change in FTE positions compared to the estimated net FY 2009 appropriation for a general reduction of 11.02%.

11 10 2. IOWA VETERANS HOME  
 11 11 For salaries, support, maintenance, and miscellaneous  
 11 12 purposes:  
 11 13 ..... \$ 11,326,650

General Fund appropriation to the Iowa Veterans Home.

DETAIL: This is a decrease of \$3,064,785 compared to the estimated net FY 2009 appropriation for an 11.30% general reduction to reflect the availability of FY 2009 carryforward funding. The Home expects to carry forward between \$5,000,000 and \$6,000,000 from FY 2009 to FY 2010. Section 68 transfers \$1,833,333 of those funds to the Medicaid Program for hospital rebasing.

This Act does not cap FTE positions. The tracking document indicates that there is an increase of 20.76 FTE positions compared to the estimated net FY 2009 FTE positions.

11 14 a. The Iowa veterans home billings involving the  
 11 15 department of human services shall be submitted to the  
 11 16 department on at least a monthly basis.

Requires the Iowa Veterans Home to submit monthly claims relating to Medicaid to the Department of Human Services.

11 17 b. If there is a change in the employer of employees  
 11 18 providing services at the Iowa veterans home under a  
 11 19 collective bargaining agreement, such employees and the  
 11 20 agreement shall be continued by the successor employer as  
 11 21 though there had not been a change in employer.

Requires a new employer to honor an existing collective bargaining agreement at the Iowa Veterans Home.

11 22 c. Commencing with the fiscal year beginning July 1, 2009,  
 11 23 the Iowa veterans home shall revise the payment and exemption  
 11 24 amounts for residents participating in the incentive therapy  
 11 25 program in accordance with all of the following:

11 26 (1) The incentive therapy payment amount for domiciliary  
 11 27 level of care residents shall not exceed \$150 per month and  
 11 28 for nursing level of care residents shall not exceed \$75 per  
 11 29 month.

11 30 (2) The amounts paid under the program that are exempt  
 11 31 from computation of resident support shall be increased to  
 11 32 reflect the increases in the incentive therapy payments in  
 11 33 accordance with subparagraph (1).

Requires the Iowa Veterans Home to adjust the incentive therapy program payment schedule. These are funds provided to residents of the Home for certain work at the Home.

11 34 3. STATE EDUCATIONAL ASSISTANCE == CHILDREN OF DECEASED  
 11 35 VETERANS

12 1 For provision of educational assistance pursuant to section  
 12 2 35.9:

12 3 ..... \$ 22,944

General Fund appropriation for the State Educational Assistance for Children of Deceased Veterans Program.

DETAIL: This is a decrease of \$2,841 compared to the estimated net FY 2009 appropriation for a general decrease of 11.02%.

12 4 Sec. 4. LIMITATION OF COUNTY COMMISSION OF VETERANS  
 12 5 AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the  
 12 6 standing appropriation in the following designated section for  
 12 7 the fiscal year beginning July 1, 2009, and ending June 30,  
 12 8 2010, the amounts appropriated from the general fund of the  
 12 9 state pursuant to that section for the following designated  
 12 10 purposes shall not exceed the following amount:

12 11 For the county commissions of veterans affairs fund under  
 12 12 section 35A.16:

12 13 ..... \$ 1,000,000

General Fund appropriation for the County Commissions of Veterans Affairs Fund.

DETAIL: This is an increase of \$414,401 compared to the estimated net FY 2009 appropriation. This is in lieu of a new FY 2010 standing appropriation for the same purpose. Each of the 99 counties receives a \$10,000 grant for veteran-related expenditures and \$10,000 is provided to the Department of Veterans Affairs for training expenditures.

12 14 HUMAN SERVICES

12 15 Sec. 5. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK  
 12 16 GRANT. There is appropriated from the fund created in section

Temporary Assistance for Needy Families (TANF) FY 2010 Block Grant Fund appropriation.

12 17 8.41 to the department of human services for the fiscal year  
 12 18 beginning July 1, 2009, and ending June 30, 2010, from moneys  
 12 19 received under the federal temporary assistance for needy  
 12 20 families (TANF) block grant pursuant to the federal Personal  
 12 21 Responsibility and Work Opportunity Reconciliation Act of  
 12 22 1996, Pub. L. No. 104=193, and successor legislation, which  
 12 23 are federally appropriated for the federal fiscal years  
 12 24 beginning October 1, 2008, and ending September 30, 2009, and  
 12 25 beginning October 1, 2009, and ending September 30, 2010, the  
 12 26 following amounts, or so much thereof as is necessary, to be  
 12 27 used for the purposes designated:

DETAIL: The federal government implemented Federal Welfare Reform on August 22, 1996. Federal Welfare Reform changed the funding for the Family Investment Program (FIP) from a matching program to a block grant of federal funds. The TANF Program was reauthorized on February 8, 2006, with work participation rates extended to separate State programs and the elimination of high performance bonuses; however, Iowa's grant remains the same at \$131,524,959 per year.

12 28 1. To be credited to the family investment program account  
 12 29 and used for assistance under the family investment program  
 12 30 under chapter 239B:

TANF FY 2010 Block Grant appropriation for the Family Investment Program (FIP) Account.

12 31 ..... \$ 28,606,513

DETAIL: This is an increase of \$2,505,000 compared to the estimated FY 2009 appropriation.

12 32 2. To be credited to the family investment program account  
 12 33 and used for the job opportunities and basic skills (JOBS)  
 12 34 program and implementing family investment agreements in  
 12 35 accordance with chapter 239B:

TANF FY 2010 Block Grant appropriation for the PROMISE JOBS Program.

13 1 ..... \$ 13,084,528

DETAIL: This is a decrease of \$250,000 compared to the estimated FY 2009 appropriation.

13 2 Notwithstanding section 8.33, not more than 5 percent of  
 13 3 the moneys designated in this subsection that are allocated by  
 13 4 the department for contracted services, other than family  
 13 5 self=sufficiency grant services allocated under this  
 13 6 subsection, that remain unencumbered or unobligated at the  
 13 7 close of the fiscal year shall not revert but shall remain  
 13 8 available for expenditure for the purposes designated until  
 13 9 the close of the succeeding fiscal year. However, unless such  
 13 10 moneys are encumbered or obligated on or before September 30,  
 13 11 2010, the moneys shall revert.

CODE: Requires nonreversion of not more than 5.00% of funds allocated for contract services.

13 12 3. To be used for the family development and

TANF FY 2010 Block Grant appropriation for the Family Development

PG LN	House File 811	Explanation
13 13	self=sufficiency grant program in accordance with section	and Self Sufficiency (FaDSS) Program.
13 14	216A.107:	
13 15	..... \$ 2,998,675	DETAIL: Maintains the current level of TANF support.
13 16	Notwithstanding section 8.33, moneys appropriated in this	
13 17	subsection that remain unencumbered or unobligated at the	CODE: Requires nonreversion of funds allocated for the FaDSS
13 18	close of the fiscal year shall not revert but shall remain	Grant Program.
13 19	available for expenditure for the purposes designated until	
13 20	the close of the succeeding fiscal year. However, unless such	
13 21	moneys are encumbered or obligated on or before September 30,	
13 22	2010, the moneys shall revert.	
13 23	4. For field operations:	TANF FY 2010 Block Grant appropriation for Field Operations.
13 24	..... \$ 18,507,495	DETAIL: Maintains the current level of TANF support.
13 25	5. For general administration:	TANF FY 2010 Block Grant appropriation for General Administration.
13 26	..... \$ 3,744,000	DETAIL: Maintains the current level of TANF support.
13 27	6. For local administrative costs:	TANF FY 2010 Block Grant appropriation for Local Administrative
13 28	..... \$ 2,189,830	Costs.
		DETAIL: Maintains the current level of TANF support.
13 29	7. For state child care assistance:	TANF FY 2010 Block Grant appropriation for Child Care Assistance.
13 30	..... \$ 25,831,177	DETAIL: This is a decrease of \$2,055,005 compared to the estimated
		FY 2009 appropriation.
13 31	a. Of the funds appropriated in this subsection,	Requires the (DHS) to transfer \$18,986,177 to the Child Care and
13 32	\$18,986,177 shall be transferred to the child care and	Development Block Grand and to use \$200,000 for training of
13 33	development block grant appropriation made by the Eighty=third	registered child care home providers. Permits the DHS to contract



13 34 General Assembly, 2009 Session, for the federal fiscal year  
 13 35 beginning October 1, 2009, and ending September 30, 2010. Of  
 14 1 this amount, \$200,000 shall be used for provision of  
 14 2 educational opportunities to registered child care home  
 14 3 providers in order to improve services and programs offered by  
 14 4 this category of providers and to increase the number of  
 14 5 providers. The department may contract with institutions of  
 14 6 higher education or child care resource and referral centers  
 14 7 to provide the educational opportunities. Allowable  
 14 8 administrative costs under the contracts shall not exceed 5  
 14 9 percent. The application for a grant shall not exceed two  
 14 10 pages in length.

with colleges or child care resource centers and specifies requirements for funding the grants and the application form for the grant.

14 11 b. Any funds appropriated in this subsection remaining  
 14 12 unallocated shall be used for state child care assistance  
 14 13 payments for individuals enrolled in the family investment  
 14 14 program who are employed.

Specifies that any unallocated funds be used for child care assistance for families enrolled in the FIP program.

14 15 8. For mental health and developmental disabilities  
 14 16 community services:  
 14 17 ..... \$ 4,894,052

TANF FY 2010 Block Grant appropriation for Mental Health and Developmental Disabilities Community Services.

DETAIL: Maintains the current level of TANF support.

14 18 9. For child and family services:  
 14 19 ..... \$ 32,084,430

TANF FY 2010 Block Grant appropriation for Child and Family Services.

DETAIL: Maintains the current level of TANF support.

14 20 10. For child abuse prevention grants:  
 14 21 ..... \$ 250,000

TANF FY 2010 Block Grant appropriation for Child Abuse Prevention Grants.

DETAIL: Maintains the current level of TANF support.

14 22 11. For pregnancy prevention grants on the condition that  
 14 23 family planning services are funded:

TANF FY 2010 Block Grant appropriation for pregnancy prevention grants if family planning services are funded.

14 24 ..... \$ 1,930,067

DETAIL: Maintains the current level of TANF support.

14 25 Pregnancy prevention grants shall be awarded to programs in  
 14 26 existence on or before July 1, 2009, if the programs are  
 14 27 comprehensive in scope and have demonstrated positive  
 14 28 outcomes. Grants shall be awarded to pregnancy prevention  
 14 29 programs which are developed after July 1, 2009, if the  
 14 30 programs are comprehensive in scope and are based on existing  
 14 31 models that have demonstrated positive outcomes. Grants shall  
 14 32 comply with the requirements provided in 1997 Iowa Acts,  
 14 33 chapter 208, section 14, subsections 1 and 2, including the  
 14 34 requirement that grant programs must emphasize sexual  
 14 35 abstinence. Priority in the awarding of grants shall be given  
 15 1 to programs that serve areas of the state which demonstrate  
 15 2 the highest percentage of unplanned pregnancies of females of  
 15 3 childbearing age within the geographic area to be served by  
 15 4 the grant.

Requires the recipients of pregnancy prevention grants to meet certain requirements of comprehensiveness and demonstration of positive outcomes. Requires pregnancy prevention grants from the TANF to include the requirement that sexual abstinence be emphasized. Specifies that priority in awarding the grants should be given to programs in areas of the State that have the highest percentage of unplanned adolescent pregnancies of females of childbearing age within the geographic area served by the grant.

15 5 12. For technology needs and other resources necessary to  
 15 6 meet federal welfare reform reporting, tracking, and case  
 15 7 management requirements:  
 15 8 ..... \$ 1,037,186

TANF FY 2010 Block Grant appropriation for federal welfare reform reporting, tracking, and case management technology and resource needs.

DETAIL: Maintains the current level of TANF support.

15 9 13. For the healthy opportunities for parents to  
 15 10 experience success (HOPES) program administered by the  
 15 11 department of public health to target child abuse prevention:  
 15 12 ..... \$ 200,000

TANF FY 2010 Block Grant appropriation for the Healthy Opportunities for Parents to Experience Success (HOPES) Program.

DETAIL: Maintains the current level of TANF support.

15 13 14. To be credited to the state child care assistance  
 15 14 appropriation made in this section to be used for funding of  
 15 15 community-based early childhood programs targeted to children  
 15 16 from birth through five years of age developed by community

TANF FY 2010 Block Grant appropriation to fund community-based programs for children from birth to age five as developed by community empowerment areas.

15 17 empowerment areas as provided in section 28.9:

15 18 ..... \$ 7,350,000

DETAIL: Maintains the current level of TANF support.

15 19 a. The department shall transfer TANF block grant funding  
15 20 appropriated and allocated in this subsection to the child  
15 21 care and development block grant appropriation in accordance  
15 22 with federal law as necessary to comply with the provisions of  
15 23 this subsection.

Requires the DHS to transfer TANF funds to the Child Care and Development Block Grant.

15 24 b. Of the amounts appropriated in this section,  
15 25 \$12,962,008 for the fiscal year beginning July 1, 2009, shall  
15 26 be transferred to the appropriation of the federal social  
15 27 services block grant made for that fiscal year.

Requires \$12,962,008 of the federal TANF funds appropriated in this Section to be transferred to the federal Social Services Block Grant appropriation.

DETAIL: Maintains the current level of TANF support.

15 28 c. The department may transfer funds allocated in this  
15 29 section to the appropriations made in this Act for general  
15 30 administration and field operations for resources necessary to  
15 31 implement and operate the services referred to in this section  
15 32 and those funded in the appropriation made in this division of  
15 33 this Act for the family investment program from the general  
15 34 fund of the state.

Permits the DHS to transfer funds to general administration and field operations for costs associated with TANF-funded Programs and the Family Investment Program (FIP).

15 35 Sec. 6. FAMILY INVESTMENT PROGRAM ACCOUNT.

16 1 1. Moneys credited to the family investment program (FIP)  
16 2 account for the fiscal year beginning July 1, 2009, and ending  
16 3 June 30, 2010, shall be used to provide assistance in  
16 4 accordance with chapter 239B.

Requires funds credited to the Family Investment Program (FIP) Account for FY 2010 to be used as specified.

16 5 2. The department may use a portion of the moneys credited  
16 6 to the FIP account under this section as necessary for  
16 7 salaries, support, maintenance, and miscellaneous purposes.

Permits the DHS to use FIP funds for various administrative purposes.

16 8 3. The department may transfer funds allocated in this  
 16 9 section to the appropriations in this Act for general  
 16 10 administration and field operations for resources necessary to  
 16 11 implement and operate the services referred to in this section  
 16 12 and those funded in the appropriation made in this division of  
 16 13 this Act for the family investment program from the general  
 16 14 fund of the state.

Permits the DHS to transfer funds to general administration and field operations for costs associated with this Section.

16 15 4. Moneys appropriated in this division of this Act and  
 16 16 credited to the FIP account for the fiscal year beginning July  
 16 17 1, 2009, and ending June 30, 2010, are allocated as follows:

Requires that TANF Block Grant funds appropriated to the FIP Account be allocated as specified.

16 18 a. To be retained by the department of human services to  
 16 19 be used for coordinating with the department of human rights  
 16 20 to more effectively serve participants in the FIP program and  
 16 21 other shared clients and to meet federal reporting  
 16 22 requirements under the federal temporary assistance for needy  
 16 23 families block grant:  
 16 24 ..... \$ 20,000

Allocates \$20,000 to the DHS to be used for administrative services.

DETAIL: Maintains the current level of support.

16 25 b. To the department of human rights for staffing,  
 16 26 administration, and implementation of the family development  
 16 27 and self=sufficiency grant program in accordance with section  
 16 28 216A.107:  
 16 29 ..... \$ 5,496,946

Allocates \$5,496,946 of the FY 2010 General Fund appropriation and TANF funds to the Department of Human Rights for the Family Development and Self-Sufficiency (FaDSS) Grant Program.

DETAIL: This is a decrease of \$66,096 compared to the FY 2009 allocation.

16 30 (1) Of the funds allocated for the family development and  
 16 31 self=sufficiency grant program in this lettered paragraph, not  
 16 32 more than 5 percent of the funds shall be used for the  
 16 33 administration of the grant program.

Specifies that a maximum of 5.00% of the allocation be spent on administration of Family Development and Self-Sufficiency (FaDSS) Program grants.

16 34 (2) The department of human rights may continue to  
 16 35 implement the family development and self=sufficiency grant

Permits the Department of Human Rights to continue to implement the Family Development and Self-Sufficiency Grant Program in FY

17 1	program statewide during fiscal year 2009=2010.	2010.
17 2	c. For the diversion subaccount of the FIP account:	Allocates \$1,814,000 of FY 2010 TANF funds for the FIP Diversion
17 3	..... \$ 1,814,000	Subaccount.
		DETAIL: This is a decrease of \$1,000,000 compared to the FY 2009 allocation.
17 4	A portion of the moneys allocated for the subaccount may be	Allows a portion of the FIP Diversion funds to be used to administer
17 5	used for field operations salaries, data management system	the FIP Diversion Program.
17 6	development, and implementation costs and support deemed	
17 7	necessary by the director of human services in order to	
17 8	administer the FIP diversion program.	
17 9	d. For the food stamp employment and training program:	Allocates \$68,059 of FY 2010 FIP funds to the Food Stamp
17 10	..... \$ 68,059	Employment and Training Program.
		DETAIL: Maintains the current level of support.
17 11	The department shall amend the food stamp employment and	Requires the Department to amend the Food Stamp Employment and
17 12	training state plan in order to maximize to the fullest extent	Training State Plan to maximize federal matching funds received.
17 13	permitted by federal law the use of the fifty=fifty match	
17 14	provisions for the claiming of allowable federal matching	
17 15	funds from the United States department of agriculture	
17 16	pursuant to the federal food stamp employment and training	
17 17	program for providing education, employment, and training	
17 18	services for eligible food assistance program participants,	
17 19	including but not limited to related dependent care and	
17 20	transportation expenses.	
17 21	e. For the JOBS program:	Permits the DHS to allocate \$21,638,263 of the FY 2010 General
17 22	..... \$ 21,638,263	Fund appropriation and TANF funds for the PROMISE JOBS Program.

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DETAIL: This is a decrease of \$671,853 compared to the FY 2009 allocation.

17 23 5. Of the child support collections assigned under FIP, an  
17 24 amount equal to the federal share of support collections shall  
17 25 be credited to the child support recovery appropriation made  
17 26 in this division of this Act. Of the remainder of the  
17 27 assigned child support collections received by the child  
17 28 support recovery unit, a portion shall be credited to the FIP  
17 29 account, a portion may be used to increase recoveries, and a  
17 30 portion may be used to sustain cash flow in the child support  
17 31 payments account. If as a consequence of the appropriations  
17 32 and allocations made in this section the resulting amounts are  
17 33 insufficient to sustain cash assistance payments and meet  
17 34 federal maintenance of effort requirements, the department  
17 35 shall seek supplemental funding. If child support collections  
18 1 assigned under FIP are greater than estimated or are otherwise  
18 2 determined not to be required for maintenance of effort, the  
18 3 state share of either amount may be transferred to or retained  
18 4 in the child support payment account.

Requires the federal share of child support collections recovered by the State to be credited to the Child Support Recovery Unit. The remainder of support collected is credited to the FIP account and the DHS is permitted to use a portion to increase recoveries and to sustain cash flow in the child support payments account.

18 5 5A. It is the intent of the general assembly that the  
18 6 department of human services review the feasibility of  
18 7 expanding categorical food assistance program eligibility in  
18 8 Iowa to at least 160 percent of the applicable federal poverty  
18 9 level and simplifying administrative requirements by  
18 10 eliminating current asset tests for food assistance program  
18 11 eligibility. The department shall estimate the potential  
18 12 economic benefits and fiscal impact of making these changes on  
18 13 individual Iowa families and the state. The department shall  
18 14 report on or before December 15, 2009, concerning the review,  
18 15 providing findings and recommendations, to the persons  
18 16 designated by this division of this Act for submission of  
18 17 reports.

Specifies the intent of the General Assembly that the Department review the feasibility of expanding the food assistance program to 160.00% of the Federal Poverty Level (FPL) and simplify administrative eligibility requirements.

18 18 6. The department may adopt emergency rules for the family

Permits the DHS to adopt emergency administrative rules for the FIP,

18 19 investment, JOBS, food stamp, and medical assistance programs  
18 20 if necessary to comply with federal requirements.

Food Stamp Program, and Medical Assistance Program.

18 21 Sec. 7. FAMILY INVESTMENT PROGRAM GENERAL FUND. There is  
18 22 appropriated from the general fund of the state to the  
18 23 department of human services for the fiscal year beginning  
18 24 July 1, 2009, and ending June 30, 2010, the following amount,  
18 25 or so much thereof as is necessary, to be used for the purpose  
18 26 designated:  
18 27 To be credited to the family investment program (FIP)  
18 28 account and used for family investment program assistance  
18 29 under chapter 239B:  
18 30 ..... \$ 34,592,700

General Fund appropriation to the DHS for the FIP, to be credited to the FIP Account.

DETAIL: This is a decrease of \$7,468,201 compared to the estimated net FY 2009 appropriation. The changes include:

- A decrease of \$4,427,475 for a general reduction of 11.30%.
- A decrease of \$2,600,000 for declining caseload.
- A decrease of \$690,726 to eliminate the Electronic Benefits Transfer (EBT) retailer fee.
- An increase of \$250,000 for the FaDSS Program.

The appropriation for the FIP Account also contains funding for the PROMISE JOBS and FaDSS Programs. The appropriation maintains the current FIP payment levels (maximum grants of \$361 per month for a family with two persons and \$426 for a family with three persons).

18 31 1. Of the funds appropriated in this section, \$8,553,735  
18 32 is allocated for the JOBS program.

General Fund allocation of \$8,553,735 for the PROMISE JOBS Program.

DETAIL: This is a decrease of \$421,853 compared to the FY 2009 allocation.

18 33 2. Of the funds appropriated in this section, \$2,518,271  
18 34 is allocated for the family development and self-sufficiency  
18 35 grant program.

General Fund allocation of \$2,518,271 for the FaDSS Program.

DETAIL: This is a decrease of \$66,096 compared to the FY 2009 allocation.

19 1 3. a. Of the funds appropriated in this section, \$219,423  
19 2 shall be used for continuation of a grant to an Iowa-based  
19 3 nonprofit organization with a history of providing tax  
19 4 preparation assistance to low-income Iowans in order to expand

General Fund allocation of \$219,423 to provide tax preparation help for low-income Iowans.

DETAIL: This is a decrease of \$30,577 compared to the FY 2009 allocation.

19 5 the usage of the earned income tax credit. The purpose of the  
19 6 grant is to supply this assistance to underserved areas of the  
19 7 state. The grant shall be provided to an organization that  
19 8 has existing national foundation support for supplying such  
19 9 assistance that can also secure local charitable match  
19 10 funding.

19 11 b. The general assembly supports efforts by the  
19 12 organization receiving funding under this subsection to create  
19 13 a statewide earned income tax credit and asset-building  
19 14 coalition to achieve both of the following purposes:  
19 15 (1) Expanding the usage of the tax credit through new and  
19 16 enhanced outreach and marketing strategies, as well as  
19 17 identifying new local sites and human and financial resources.  
19 18 (2) Assessing and recommending various strategies for  
19 19 lowans to develop assets through savings, individual  
19 20 development accounts, financial literacy, antipredatory  
19 21 lending initiatives, informed home ownership, use of various  
19 22 forms of support for work, and microenterprise business  
19 23 development targeted to persons who are self-employed or have  
19 24 fewer than five employees.

Specifies that the General Assembly supports the efforts to create a statewide earned income tax credit and asset-building coalition.

19 25 4. Notwithstanding section 8.39, for the fiscal year  
19 26 beginning July 1, 2009, if necessary to meet federal  
19 27 maintenance of effort requirements or to transfer federal  
19 28 temporary assistance for needy families block grant funding to  
19 29 be used for purposes of the federal social services block  
19 30 grant or to meet cash flow needs resulting from delays in  
19 31 receiving federal funding or to implement, in accordance with  
19 32 this division of this Act, activities currently funded with  
19 33 juvenile court services, county, or community moneys and state  
19 34 moneys used in combination with such moneys, the department of  
19 35 human services may transfer funds within or between any of the  
20 1 appropriations made in this division of this Act and  
20 2 appropriations in law for the federal social services block  
20 3 grant to the department for the following purposes, provided

CODE: Specifies that the DHS has the authority to transfer TANF funds to the Social Services Block Grant as necessary to meet Maintenance of Effort requirements.



20 4 that the combined amount of state and federal temporary  
 20 5 assistance for needy families block grant funding for each  
 20 6 appropriation remains the same before and after the transfer:  
 20 7 a. For the family investment program.  
 20 8 b. For child care assistance.  
 20 9 c. For child and family services.  
 20 10 d. For field operations.  
 20 11 e. For general administration.  
 20 12 f. MH/MR/DD/BI community services (local purchase).  
 20 13 This subsection shall not be construed to prohibit the use  
 20 14 of existing state transfer authority for other purposes. The  
 20 15 department shall report any transfers made pursuant to this  
 20 16 subsection to the legislative services agency.

20 17 Sec. 8. CHILD SUPPORT RECOVERY. There is appropriated  
 20 18 from the general fund of the state to the department of human  
 20 19 services for the fiscal year beginning July 1, 2009, and  
 20 20 ending June 30, 2010, the following amount, or so much thereof  
 20 21 as is necessary, to be used for the purposes designated:  
 20 22 For child support recovery, including salaries, support,  
 20 23 maintenance, and miscellaneous purposes, and for not more than  
 20 24 the following full-time equivalent positions:  
 20 25 ..... \$ 13,420,460  
 20 26 ..... FTEs 520.00

General Fund appropriation to the DHS for the Child Support Recovery Unit.

DETAIL: This is a decrease of \$1,662,001 and an increase of 5.00 FTE positions compared to the estimated net FY 2009 appropriation for a general reduction of 11.30%.

20 27 1. The department shall expend up to \$27,032, including  
 20 28 federal financial participation, for the fiscal year beginning  
 20 29 July 1, 2009, for a child support public awareness campaign.  
 20 30 The department and the office of the attorney general shall  
 20 31 cooperate in continuation of the campaign. The public  
 20 32 awareness campaign shall emphasize, through a variety of media  
 20 33 activities, the importance of maximum involvement of both  
 20 34 parents in the lives of their children as well as the  
 20 35 importance of payment of child support obligations.

Requires the DHS to expend up to \$27,032 during FY 2010 for a child support public awareness campaign. The funding limitation includes federal funds. The campaign is to be operated in cooperation with the Office of the Attorney General and is to emphasize parental involvement and financial support.

DETAIL: This is a decrease of \$3,968 compared to the estimated net FY 2009 allocation.

21 1 2. Federal access and visitation grant moneys shall be

Specifies the process for utilization of receipts from federal Access

21 2 issued directly to private not-for-profit agencies that  
 21 3 provide services designed to increase compliance with the  
 21 4 child access provisions of court orders, including but not  
 21 5 limited to neutral visitation sites and mediation services.

and Visitation Grants.

21 6 3. The appropriation made to the department for child  
 21 7 support recovery may be used throughout the fiscal year in the  
 21 8 manner necessary for purposes of cash flow management, and for  
 21 9 cash flow management purposes the department may temporarily  
 21 10 draw more than the amount appropriated, provided the amount  
 21 11 appropriated is not exceeded at the close of the fiscal year.

Permits the DHS to use the appropriation as necessary and draw more than appropriated if needed to solve any cash flow problems, provided the amount appropriated is not exceeded at the end of the fiscal year.

21 12 4. For Iowa orders, notwithstanding section 598.22A and  
 21 13 effective October 1, 2009, support arrearages for which all  
 21 14 rights have been and remain assigned to the department for  
 21 15 time periods prior to October 1, 1997, when a child did not  
 21 16 receive assistance under Title IV-A of the federal Social  
 21 17 Security Act or when a child received foster care services,  
 21 18 are considered satisfied up to the amount of assistance  
 21 19 received or foster care funds expended, and the child support  
 21 20 recovery unit shall update court records accordingly. The  
 21 21 unit shall send information regarding the provisions of this  
 21 22 subsection to the obligor and obligee by regular mail to the  
 21 23 last known address, and any objection by an obligor or an  
 21 24 obligee shall be heard by the district court.

CODE: Retires child support debt owed to the State prior to October 1, 1997.

DETAIL: If the Department wished to continue to collect this debt, the federal government would have required a \$200,000 upgrade to their computer system. The State only collects about \$1,000 per month from the debt owed before October 1, 1997. The debt is owed solely to the State and no parents are owed these funds.

21 25 Sec. 9. MEDICAL ASSISTANCE. There is appropriated from  
 21 26 the general fund of the state to the department of human  
 21 27 services for the fiscal year beginning July 1, 2009, and  
 21 28 ending June 30, 2010, the following amount, or so much thereof  
 21 29 as is necessary, to be used for the purpose designated:  
 21 30 For medical assistance reimbursement and associated costs  
 21 31 as specifically provided in the reimbursement methodologies in  
 21 32 effect on June 30, 2009, except as otherwise expressly  
 21 33 authorized by law, including reimbursement for abortion

General Fund appropriation to the DHS for the Medical Assistance (Medicaid) Program.

DETAIL: This is a net increase of \$84,311,517 compared to the estimated net FY 2009 appropriation. Major increases and decreases include:

- An increase of \$53,356,130 for increases in utilization and enrollment.
- An increase of \$9,000,000 to replace funding for the four Mental

21 34 services which shall be available under the medical assistance  
 21 35 program only for those abortions which are medically  
 22 1 necessary:  
 22 2 ..... \$677,613,847

- Health Institutes phased out from the IowaCare Program.
- An increase of \$7,060,000 for increased clawback payments for Medicare Part D.
  - An increase of \$6,038,070 to annualize the Home and Community-Based Services Waiver.
  - An increase of \$3,819,318 to replace one-time carryforward funds from FY 2008.
  - An increase of \$988,923 for Targeted Case Management.
  - An increase of \$102,751 for a 5.00% increase for Family Planning Provider rates.
  - A decrease of \$500,000 to eliminate funding for the Iowa Health Care Collaborative.
  - A decrease of \$50,000 to the Iowa Chronic Care Consortium.
  - A decrease of \$7,327,735 to shift General Fund Medicaid funding to the Health Care Trust Fund.
  - An increase of \$94,968,712 to reflect a decrease in funding from the Senior Living Trust Fund.
  - A decrease of \$83,144,652 to reflect available funds from the 6.20% Federal Medical Assistance Matching Percentage (FMAP) adjustment in the federal American Reinvestment and Recovery Act of 2009.

NOTE: Section 84 of SF 478 (FY 2010 Standing Appropriations Act) amends the Medicaid appropriation to add an additional \$4,335,993 to the Disproportionate Share Hospital (DSH) payment.

22 3 1. Medically necessary abortions are those performed under  
 22 4 any of the following conditions:  
 22 5 a. The attending physician certifies that continuing the  
 22 6 pregnancy would endanger the life of the pregnant woman.  
 22 7 b. The attending physician certifies that the fetus is  
 22 8 physically deformed, mentally deficient, or afflicted with a  
 22 9 congenital illness.  
 22 10 c. The pregnancy is the result of a rape which is reported  
 22 11 within 45 days of the incident to a law enforcement agency or  
 22 12 public or private health agency which may include a family  
 22 13 physician.

Specifies conditions that permit the Medical Assistance Program to reimburse providers for abortion services.

DETAIL: This is the same language that has been included for several years.

22 14 d. The pregnancy is the result of incest which is reported  
22 15 within 150 days of the incident to a law enforcement agency or  
22 16 public or private health agency which may include a family  
22 17 physician.

22 18 e. Any spontaneous abortion, commonly known as a  
22 19 miscarriage, if not all of the products of conception are  
22 20 expelled.

22 21 2. The department shall utilize not more than \$60,000 of  
22 22 the funds appropriated in this section to continue the  
22 23 AIDS/HIV health insurance premium payment program as  
22 24 established in 1992 Iowa Acts, Second Extraordinary Session,  
22 25 chapter 1001, section 409, subsection 6. Of the funds  
22 26 allocated in this subsection, not more than \$5,000 may be  
22 27 expended for administrative purposes.

Requires the DHS to use a maximum of \$60,000 of the funds appropriated for Medical Assistance to continue the Acquired Immune Deficiency Syndrome/Human Immunodeficiency Virus (AIDS/HIV) Health Insurance Premium Payment as established during the Second Extraordinary Session in 1992.

DETAIL: Maintains the current level of General Fund support.

22 28 3. Of the funds appropriated in this Act to the department  
22 29 of public health for addictive disorders, \$950,000 for the  
22 30 fiscal year beginning July 1, 2009, shall be transferred to  
22 31 the department of human services for an integrated substance  
22 32 abuse managed care system. The department shall not assume  
22 33 management of the substance abuse system in place of the  
22 34 managed care contractor unless such a change in approach is  
22 35 specifically authorized in law. The departments of human  
23 1 services and public health shall work together to maintain the  
23 2 level of mental health and substance abuse services provided  
23 3 by the managed care contractor through the Iowa plan for  
23 4 behavioral health. Each department shall take the steps  
23 5 necessary to continue the federal waivers as necessary to  
23 6 maintain the level of services.

Requires \$950,000 of the Substance Abuse Grants appropriation in the Department of Public Health to be transferred to the Medical Assistance Program in the DHS for continuation of the Managed Substance Abuse Treatment Program. Also, requires the DHS to assume management of the Program.

DETAIL: Maintains the current level of General Fund support. The Managed Substance Abuse Treatment Program was funded for the first time in FY 1996.

23 7 4. a. The department shall aggressively pursue options  
23 8 for providing medical assistance or other assistance to  
23 9 individuals with special needs who become ineligible to  
23 10 continue receiving services under the early and periodic

Requires the DHS to aggressively pursue options for assisting special needs individuals that become ineligible for continued services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program as a result of turning 21 years of age. The individuals are to have been approved for additional assistance through the DHS

23 11 screening, diagnosis, and treatment program under the medical  
 23 12 assistance program due to becoming 21 years of age who have  
 23 13 been approved for additional assistance through the  
 23 14 department's exception to policy provisions, but who have  
 23 15 health care needs in excess of the funding available through  
 23 16 the exception to policy provisions.  
 23 17 b. Of the funds appropriated in this section, \$100,000  
 23 18 shall be used for participation in one or more pilot projects  
 23 19 operated by a private provider to allow the individual or  
 23 20 individuals to receive service in the community in accordance  
 23 21 with principles established in *Olmstead v. L.C.*, 527 U.S. 581  
 23 22 (1999), for the purpose of providing medical assistance or  
 23 23 other assistance to individuals with special needs who become  
 23 24 ineligible to continue receiving services under the early and  
 23 25 periodic screening, diagnosis, and treatment program under the  
 23 26 medical assistance program due to becoming 21 years of age who  
 23 27 have been approved for additional assistance through the  
 23 28 department's exception to policy provisions, but who have  
 23 29 health care needs in excess of the funding available through  
 23 30 the exception to the policy provisions.

exception to policy process, but have health care needs exceeding available funding. This Section requires the Department to allocate \$100,000 to fund one or more pilot projects focused on providing care in the community.

DETAIL: Maintains the current level of General Fund support.

23 31 5. Of the funds appropriated in this section, up to  
 23 32 \$3,050,082 may be transferred to the field operations or  
 23 33 general administration appropriations in this Act for  
 23 34 operational costs associated with Part D of the federal  
 23 35 Medicare Prescription Drug, Improvement, and Modernization Act  
 24 1 of 2003, Pub. L. No. 108=173.

Permits the DHS to transfer up to \$3,050,082 to Field Operations or General Administration for implementation costs of the new Medicare Part D prescription drug benefit and low-income subsidy application process.

24 2 6. Of the funds appropriated in this section, not more  
 24 3 than \$166,600 shall be used to enhance outreach efforts. The  
 24 4 department may transfer funds allocated in this subsection to  
 24 5 the appropriations in this division of this Act for general  
 24 6 administration, the state children's health insurance program,  
 24 7 or medical contracts, as necessary, to implement the outreach  
 24 8 efforts.

Prohibits the Department from expending more than \$166,600 for outreach for the Medicaid and hawk-i programs.

24 9 7. Of the funds appropriated in this section, up to

Permits a maximum of \$442,100 for Clinical Assessment Services.

24 10 \$442,100 may be transferred to the appropriation in this Act  
 24 11 for medical contracts to be used for clinical assessment  
 24 12 services related to remedial services in accordance with  
 24 13 federal law.

DETAIL: Maintains the current allocation level.

24 14 8. A portion of the funds appropriated in this section may  
 24 15 be transferred to the appropriations in this division of this  
 24 16 Act for general administration, medical contracts, the state  
 24 17 children's health insurance program, or field operations to be  
 24 18 used for the state match cost to comply with the payment error  
 24 19 rate measurement (PERM) program for both the medical  
 24 20 assistance and state children's health insurance programs as  
 24 21 developed by the centers for Medicare and Medicaid services of  
 24 22 the United States department of health and human services to  
 24 23 comply with the federal Improper Payments Information Act of  
 24 24 2002, Pub. L. No. 107=300.

Permits the Department to use a portion of the funds appropriated to carry out the Payment Error Rate Measurement (PERM) Program. This brings the Department into compliance with the federal Improper Payments Information Act of 2002.

24 25 9. It is the intent of the general assembly that the  
 24 26 department continue to implement the recommendations of the  
 24 27 assuring better child health and development initiative II  
 24 28 (ABCDII) clinical panel to the Iowa early and periodic  
 24 29 screening, diagnostic, and treatment services healthy mental  
 24 30 development collaborative board regarding changes to billing  
 24 31 procedures, codes, and eligible service providers.

Specifies legislative intent that the Department continue to implement the recommendations of the ABCD II Clinical Panel for changes to billing procedures, codes, and eligible service providers.

24 32 10. Of the funds appropriated in this section, a  
 24 33 sufficient amount is allocated to supplement the incomes of  
 24 34 residents of nursing facilities, intermediate care facilities  
 24 35 for persons with mental illness, and intermediate care  
 25 1 facilities for persons with mental retardation, with incomes  
 25 2 of less than \$50 in the amount necessary for the residents to  
 25 3 receive a personal needs allowance of \$50 per month pursuant  
 25 4 to section 249A.30A.

Requires the Department to provide residents in nursing facilities, ICF/MRs, and ICF/MIs with a personal needs allowance of \$50 per month.

DETAIL: There are no changes in this provision from FY 2009.

25 5 11. Of the funds appropriated in this section, the

Transfers funds from the Medical Assistance appropriation to the four

25 6 following amounts shall be transferred to appropriations made  
 25 7 in this division of this Act to the state mental health  
 25 8 institutes:  
 25 9 a. Cherokee mental health institute ..... \$ 9,098,425  
 25 10 b. Clarinda mental health institute ..... \$ 1,977,305  
 25 11 c. Independence mental health institute ..... \$ 9,045,894  
 25 12 d. Mount Pleasant mental health institute .... \$ 5,752,587

Mental Health Institutes.

DETAIL: The funds are transferred to replace funding from the IowaCare Program that is being phased out in FY 2009 and FY 2010.

25 13 12. a. Of the funds appropriated in this section,  
 25 14 \$2,687,889 is allocated for state match for disproportionate  
 25 15 share hospital payment of \$7,321,954 to hospitals that meet  
 25 16 both of the following conditions:  
 25 17 (1) The hospital qualifies for disproportionate share and  
 25 18 graduate medical education payments.  
 25 19 (2) The hospital is an Iowa state-owned hospital with more  
 25 20 than 500 beds and eight or more distinct residency specialty  
 25 21 or subspecialty programs recognized by the American college of  
 25 22 graduate medical education.  
 25 23 b. Distribution of the disproportionate share payment  
 25 24 shall be made on a monthly basis. The total amount of  
 25 25 disproportionate share payments including graduate medical  
 25 26 education, enhanced disproportionate share, and Iowa  
 25 27 state-owned teaching hospital payments shall not exceed the  
 25 28 amount of the state's allotment under Pub. L. No. 102=234. In  
 25 29 addition, the total amount of all disproportionate share  
 25 30 payments shall not exceed the hospital-specific  
 25 31 disproportionate share limits under Pub. L. No. 103=66.

Allocates \$2,687,889 for the State match for the Disproportionate Share Hospital (DSH) payment of \$7,321,954.

NOTE: Section 85 of SF 478 (FY 2010 Standing Appropriations Act) amends this Section to allocate a total of \$7,023,882 for the DSH payment for a total State and federal payment of \$19,133,430.

25 32 13. Of the funds appropriated in this section, up to  
 25 33 \$4,634,065 may be transferred to the IowaCare account created  
 25 34 in section 249J.24.

Transfers up to \$4,634,065 to the IowaCare Program.

25 35 14. Of the funds appropriated in this section, \$200,000  
 26 1 shall be used for the Iowa chronic care consortium pursuant to  
 26 2 2003 Iowa Acts, chapter 112, section 12, as amended by 2003  
 26 3 Iowa Acts, chapter 179, sections 166 and 167.

Allocates \$200,000 to the Iowa Chronic Care Consortium.

DETAIL: This is a decrease of \$50,000 compared to the FY 2009 allocation.

26 4 15. One hundred percent of the nonfederal share of  
26 5 payments to area education agencies that are medical  
26 6 assistance providers for medical assistance=covered services  
26 7 provided to medical assistance=covered children, shall be made  
26 8 from the appropriation made in this section.

Allocates Medicaid funds to Area Education Agencies.

26 9 16. a. Any new or renewed contract entered into by the  
26 10 department with a third party to administer behavioral health  
26 11 services under the medical assistance program shall provide  
26 12 that any interest earned on payments from the state during the  
26 13 state fiscal year shall be remitted to the department for  
26 14 deposit in a separate account after the end of the fiscal  
26 15 year.  
26 16 b. The department shall continue to maintain a separate  
26 17 account within the medical assistance budget for the deposit  
26 18 of all funds remitted pursuant to a contract with a third  
26 19 party to administer behavioral health services under the  
26 20 medical assistance program established pursuant to 2008 Iowa  
26 21 Acts 1187, section 9, subsection 20. Notwithstanding section  
26 22 8.33, funds remaining in the account that remain unencumbered  
26 23 or unobligated at the end of any fiscal year shall not revert  
26 24 but shall remain available in succeeding fiscal years and  
26 25 shall be used only in accordance with appropriations from the  
26 26 account for health and human services=related purposes.

Specifies that any new or renewed contract with a third party behavioral health administrator requires interest earned to be remitted to the Department for deposit in a separate account that can only be used for Health and Human Services related activities.

26 27 c. For the fiscal year beginning July 1, 2009, funds in  
26 28 the separate account are appropriated to the department of  
26 29 human services as state matching funds for the medical  
26 30 assistance program.

Appropriates remitted funds under the current contract with Magellan Behavioral Health to the Medical Assistance Program.

26 31 17. The department shall continue to implement the  
26 32 provisions in 2007 Iowa Acts, chapter 218, section 124 and  
26 33 section 126, as amended by 2008 Iowa Acts, chapter 1188,  
26 34 section 55, relating to eligibility for certain persons with  
26 35 disabilities under the medical assistance program in

Requires the Department to continue the implementation of the federal Family Opportunity Act.

DETAIL: The Family Opportunity Act is a Medicaid buy-in Program for children with family income of up to 300.00% of the Federal Poverty Level and meet SSI-eligibility requirements.



27 1 accordance with the federal family opportunity Act.

27 2 18. The department shall add behavior programming, crisis  
27 3 intervention, and mental health outreach services to the home  
27 4 and community-based services mental retardation waiver in  
27 5 order to continue necessary home and community-based services  
27 6 for persons transitioning into the community under the money  
27 7 follows the person grant program.

Requires the Department to add behavior programming, crisis intervention, and mental health outreach services to the Mental Retardation Waiver under the Home and Community-Based Services Waiver Programs.

DETAIL: This change is required to maintain compliance with the federal Money Follows the Person Grant.

27 8 19. It is the intent of the general assembly that the Iowa  
27 9 autism council established in section 256.35A shall work with  
27 10 the department of human services to review the option of  
27 11 implementing a home and community-based services waiver for  
27 12 individuals up to 21 years of age with autism under the  
27 13 medical assistance program. The council shall present final  
27 14 recommendations to the general assembly by January 15, 2010.

Requires the Department to review options for implementing a Home and Community-Based Waiver for individuals under the age of 21 with autism.

27 15 20. The department shall issue a request for proposals to  
27 16 implement a correct coding initiative for the medical  
27 17 assistance program to promote correct coding of health care  
27 18 services by providers, to evaluate claims submissions, and to  
27 19 prevent improper payment. The department may use a portion of  
27 20 any savings projected to result from the initiative for  
27 21 one-time implementation costs and for on-going costs of the  
27 22 contract to the extent that savings exceed costs of the  
27 23 initiative.

Requires the Department to issue a Request for Proposals (RFP) to implement a correct coding initiative for the Medicaid Program. This will help eliminate any improper payments and save the State money.

27 24 21. The department shall request a medical assistance  
27 25 state plan amendment to be effective July 1, 2010, that  
27 26 specifies the coverage criteria for applied behavioral  
27 27 analysis therapy in the remedial services program. Such  
27 28 coverage criteria shall be based on the best practices in  
27 29 medical literature that have been documented to achieve  
27 30 results.

Requires the Department to submit a State Plan Amendment to cover Applied Behavioral Analysis Therapy in the Remedial Services Program to be effective for FY 2011.

27 31 22. The department may issue a request for proposals to  
 27 32 implement a transportation brokerage system for administering  
 27 33 medical assistance program medical transportation payments and  
 27 34 client referrals. Any request for proposals shall be  
 27 35 structured to be budget neutral to the state.

Permits the Department to issue an RFP to implement a transportation brokerage system for Medicaid transportation payments and client referrals.

28 1 Sec. 10. HEALTH INSURANCE PREMIUM PAYMENT PROGRAM. There  
 28 2 is appropriated from the general fund of the state to the  
 28 3 department of human services for the fiscal year beginning  
 28 4 July 1, 2009, and ending June 30, 2010, the following amount,  
 28 5 or so much thereof as is necessary, to be used for the purpose  
 28 6 designated:  
 28 7 For administration of the health insurance premium payment  
 28 8 program, including salaries, support, maintenance, and  
 28 9 miscellaneous purposes, and for not more than the following  
 28 10 full-time equivalent positions:  
 28 11 ..... \$ 508,011  
 28 12 ..... FTEs 19.00

General Fund appropriation to the DHS for the Health Insurance Premium Payment (HIPP) Program.

DETAIL: This is a decrease of \$62,913 and 2.00 FTE positions compared to the estimated net FY 2009 appropriation for a general reduction of 11.30%.

28 13 Sec. 11. MEDICAL CONTRACTS. There is appropriated from  
 28 14 the general fund of the state to the department of human  
 28 15 services for the fiscal year beginning July 1, 2009, and  
 28 16 ending June 30, 2010, the following amount, or so much thereof  
 28 17 as is necessary, to be used for the purpose designated:  
 28 18 For medical contracts, including salaries, support,  
 28 19 maintenance, and miscellaneous purposes, and for not more than  
 28 20 the following full-time equivalent positions:  
 28 21 ..... \$ 13,651,503  
 28 22 ..... FTEs 6.00

General Fund appropriation to the DHS for Medical Contracts.

DETAIL: This is a net decrease of \$301,564 and no change in FTE positions compared to the estimated net FY 2009 appropriation. Changes include:

- An increase of \$1,298,761 for vendor and contract procurement, inflation, and system changes required by federal law.
- A decrease of \$1,600,325 for a general reduction of 11.30%.

28 23 Sec. 12. STATE SUPPLEMENTARY ASSISTANCE.  
 28 24 1. There is appropriated from the general fund of the  
 28 25 state to the department of human services for the fiscal year  
 28 26 beginning July 1, 2009, and ending June 30, 2010, the  
 28 27 following amount, or so much thereof as is necessary, to be

General Fund appropriation to the DHS for State Supplementary Assistance.

DETAIL: This is a net increase of \$80,432 compared to the estimated net FY 2009. Major increases and decreases include:

28 28	used for the purpose designated:	
28 29	For the state supplementary assistance program:	
28 30	..... \$ 18,412,646	<ul style="list-style-type: none"> <li>• An increase of \$2,426,972 to maintain Maintenance of Effort requirements.</li> <li>• A decrease of \$500,000 to reflect an available carryforward.</li> <li>• An increase of \$182,381 to replace funding from the Health Iowan's Tobacco Trust Fund.</li> <li>• A decrease of \$2,028,921 for a general reduction of 11.30%.</li> </ul>
28 31	2. The department shall increase the personal needs	
28 32	allowance for residents of residential care facilities by the	
28 33	same percentage and at the same time as federal supplemental	
28 34	security income and federal social security benefits are	
28 35	increased due to a recognized increase in the cost of living.	
29 1	The department may adopt emergency rules to implement this	
29 2	subsection.	Requires the DHS to increase the personal needs allowance of residential care facilities residents at the same rate and time as federal Supplemental Security Income (SSI) and Social Security benefits are increased. Permits the DHS to adopt emergency rules for implementation.
29 3	3. If during the fiscal year beginning July 1, 2009, the	
29 4	department projects that state supplementary assistance	
29 5	expenditures for a calendar year will not meet the federal	
29 6	pass-through requirement specified in Title XVI of the federal	
29 7	Social Security Act, section 1618, as codified in 42 U.S.C.	
29 8	1382g, the department may take actions including but not	
29 9	limited to increasing the personal needs allowance for	
29 10	residential care facility residents and making programmatic	
29 11	adjustments or upward adjustments of the residential care	
29 12	facility or in-home health-related care reimbursement rates	
29 13	prescribed in this division of this Act to ensure that federal	
29 14	requirements are met. In addition, the department may make	
29 15	other programmatic and rate adjustments necessary to remain	
29 16	within the amount appropriated in this section while ensuring	
29 17	compliance with federal requirements. The department may	
29 18	adopt emergency rules to implement the provisions of this	
29 19	subsection.	Permits the DHS to adjust rates for State Supplementary Assistance to meet federal Maintenance of Effort requirements. Permits the DHS to adopt emergency rules for implementation.
29 20	Sec. 13. STATE CHILDREN'S HEALTH INSURANCE PROGRAM.	
29 21	1. There is appropriated from the general fund of the	General Fund appropriation to the DHS for the Children's Health Insurance Program, also known as the Healthy and Well Kids in Iowa

29 22 state to the department of human services for the fiscal year  
 29 23 beginning July 1, 2009, and ending June 30, 2010, the  
 29 24 following amount, or so much thereof as is necessary, to be  
 29 25 used for the purpose designated:  
 29 26 For maintenance of the healthy and well kids in Iowa (hawk=  
 29 27 i) program pursuant to chapter 514I for receipt of federal  
 29 28 financial participation under Title XXI of the federal Social  
 29 29 Security Act, which creates the state children's health  
 29 30 insurance program:  
 29 31 ..... \$ 14,629,830

(hawk-i) Program.

DETAIL: This is a net increase of \$968,978 compared to the estimated net FY 2009 appropriation. Major increases and decreases include:

- An increase of \$276,850 to continue to enroll additional eligible children.
- An increase of \$4,838,432 to replace one-time carryforward funds from FY 2008.
- An increase of \$219,000 to continue outreach and advertising efforts.
- A decrease of \$2,500,000 to reflect available funds in the hawk-i Trust Fund.
- A decrease of \$234,282 for an annual FMAP adjustment.
- A decrease of \$1,631,022 for a general reduction of 11.30%.

29 32 2. Of the funds appropriated in this section, \$128,950 is  
 29 33 allocated for continuation of the contract for advertising and  
 29 34 outreach with the department of public health and \$90,050 is  
 29 35 allocated for other advertising and outreach.

Allocates \$128,950 to continue an outreach contract with the Department of Public Health and allocates up to \$90,050 for additional advertising and outreach.

30 1 Sec. 14. CHILD CARE ASSISTANCE. There is appropriated  
 30 2 from the general fund of the state to the department of human  
 30 3 services for the fiscal year beginning July 1, 2009, and  
 30 4 ending June 30, 2010, the following amount, or so much thereof  
 30 5 as is necessary, to be used for the purpose designated:  
 30 6 For child care programs:  
 30 7 ..... \$ 37,974,472

General Fund appropriation to the DHS for the Child Care Assistance Programs.

DETAIL: This is a net decrease of \$2,509,260 compared to the estimated net FY 2009 appropriation. An additional \$25,831,177 is appropriated to child care programs from the TANF appropriations to DHS in this Division for FY 2010. Changes to the General Fund appropriation include:

- An increase of \$1,135,646 for annual caseload growth for the Child Care Subsidy Program.
- A decrease of \$872,509 to reflect available carryforward from FY 2009.
- A decrease of \$445,000 to reflect an increase in federal Temporary Assistance for Needy Families (TANF) funding.

- A decrease of \$161,471 to reflect decreased costs for the Quality Rating System (QRS) Program.
- A decrease of \$179,175 to reflect an increase in the Federal Medical Assistance Percentage (FMAP) rate.
- An increase of \$2,600,000 to replace funding from the Child Care Tax Credit Fund that is being eliminated beginning in FY 2010.
- A decrease of \$4,586,751 to implement an across-the-board reduction of 11.32% for Child Care Assistance Programs.

30 8 1. Of the funds appropriated in this section, \$34,417,754  
30 9 shall be used for state child care assistance in accordance  
30 10 with section 237A.13. It is the intent of the general  
30 11 assembly to appropriate sufficient funding for the state child  
30 12 care assistance program for the fiscal year beginning July 1,  
30 13 2010, in order to avoid establishment of waiting list  
30 14 requirements by the department in the preceding fiscal year in  
30 15 anticipation that enhanced funding under the federal American  
30 16 Recovery and Reinvestment Act of 2009 will not be replaced for  
30 17 the fiscal year beginning July 1, 2010.

Allocates \$34,417,754 to provide child care assistance for low-income employed lowans. Specifies it is the intent of the General Assembly to appropriate sufficient funding to the Program in FY 2011 to avoid the DHS beginning a waiting list for services in FY 2010 for FY 2011.

DETAIL: This is a decrease of \$3,171,815 compared to the FY 2009 allocation.

NOTE: An additional \$9,050,000 is provided to child care assistance from the American Reinvestment and Recovery Act of 2009 via increased funding for the Child Care Development Block Grant for FY 2010.

30 18 2. Nothing in this section shall be construed or is  
30 19 intended as or shall imply a grant of entitlement for services  
30 20 to persons who are eligible for assistance due to an income  
30 21 level consistent with the waiting list requirements of section  
30 22 237A.13. Any state obligation to provide services pursuant to  
30 23 this section is limited to the extent of the funds  
30 24 appropriated in this section.

Specifies that assistance from the Child Care Assistance Program is not an entitlement and the State's obligation to provide services is limited to the funds available.

30 25 3. Of the funds appropriated in this section, \$480,453 is  
30 26 allocated for the statewide program for child care resource  
30 27 and referral services under section 237A.26. A list of the  
30 28 registered and licensed child care facilities operating in the  
30 29 area served by a child care resource and referral service  
30 30 shall be made available to the families receiving state child

Allocates \$480,453 for the Statewide Child Care Resource and Referral Program. Requires a list of the registered and licensed child care facilities to be made available by Child Care Resource and Referral Programs to families receiving assistance under the Child Care Assistance Program.

30 31 care assistance in that area.

DETAIL: This is a decrease of \$45,071 compared to the FY 2009 allocation for a general reduction.

30 32 4. a. Of the funds appropriated in this section,  
30 33 \$1,536,181 is allocated for child care quality improvement  
30 34 initiatives including but not limited to the voluntary quality  
30 35 rating system in accordance with section 237A.30.

Allocates \$1,536,181 for the Quality Rating System (QRS).

DETAIL: This is a decrease of \$144,107 compared to the FY 2009 allocation for a general reduction.

31 1 b. The department shall revise the achievement bonus  
31 2 provisions under the voluntary quality rating system to  
31 3 provide that the bonus amount paid for a provider renewing a  
31 4 rating at levels 2 through 4 in years subsequent to the  
31 5 initial rating shall not be more than 50 percent of the amount  
31 6 of the initial bonus award. For providers who renew at a  
31 7 lower rating level than previously awarded, the achievement  
31 8 bonus amount shall not be more than 50 percent of the award  
31 9 amount for the lower rating level.

Requires the Department of Human Services to revise the current method of awarding achievement bonuses for participants in the QRS.

31 10 5. The department may use any of the funds appropriated in  
31 11 this section as a match to obtain federal funds for use in  
31 12 expanding child care assistance and related programs. For the  
31 13 purpose of expenditures of state and federal child care  
31 14 funding, funds shall be considered obligated at the time  
31 15 expenditures are projected or are allocated to the  
31 16 department's service areas. Projections shall be based on  
31 17 current and projected caseload growth, current and projected  
31 18 provider rates, staffing requirements for eligibility  
31 19 determination and management of program requirements including  
31 20 data systems management, staffing requirements for  
31 21 administration of the program, contractual and grant  
31 22 obligations and any transfers to other state agencies, and  
31 23 obligations for decategorization or innovation projects.

Permits funds appropriated for child care to be used as matching funds for federal grants. Specifies that funds are obligated when expenditures are projected or allocated to the DHS regions.

DETAIL: This provision was also in effect for FY 2009.

31 24 6. A portion of the state match for the federal child care

Requires a portion of the State match for the federal Child Care and

31 25 and development block grant shall be provided as necessary to  
 31 26 meet federal matching funds requirements through the state  
 31 27 general fund appropriation made for child development grants  
 31 28 and other programs for at-risk children in section 279.51.

Development Block Grant to be provided from the State appropriation for child development grants and other programs for at-risk children.

31 29 7. Of the funds appropriated in this section, \$1,097,084  
 31 30 is transferred to the Iowa empowerment fund from which it is  
 31 31 appropriated to be used for professional development for the  
 31 32 system of early care, health, and education.

Requires a transfer of \$1,097,084 to the Iowa Empowerment Board for professional development opportunities for individuals working in early care, health, and education.

DETAIL: This is a decrease of \$102,916 compared to the FY 2009 transfer for a general reduction.

31 33 8. Of the funds appropriated in this section, \$350,000  
 31 34 shall be allocated to a county with a population of more than  
 31 35 300,000 to be used for continuation of a grant to support  
 32 1 child care center services provided to children with mental,  
 32 2 physical, or emotional challenges in order for the children to  
 32 3 remain in a home or family setting.

Requires \$350,000 of the Child Care appropriation to be transferred to Polk County to support child care center services for children with various special needs.

DETAIL: Maintains the current level of support. This item received initial funding in FY 2009 as a one-time grant.

32 4 9. Of the amount allocated in subsection 1, \$93,000 shall  
 32 5 be used for the public purpose of providing a grant to a  
 32 6 neighborhood affordable housing and services organization  
 32 7 established in a county with a population of more than  
 32 8 350,000, that provides at least 300 apartment units to house  
 32 9 more than 1,000 residents, of which more than 80 percent  
 32 10 belong to a minority population and at least 95 percent are  
 32 11 headed by a single parent and have an income below federal  
 32 12 poverty guidelines, to be used for child development  
 32 13 programming for children residing in the housing.

Requires \$93,000 to be used for child development programming for children residing in the Oakridge Neighborhood in the city of Des Moines in Polk County.

DETAIL: This is a new appropriation for FY 2010.

32 14 10. Notwithstanding section 8.33, moneys appropriated in  
 32 15 this section or received from the federal appropriations made  
 32 16 for the purposes of this section that remain unencumbered or  
 32 17 unobligated at the close of the fiscal year shall not revert  
 32 18 to any fund but shall remain available for expenditure for the

CODE: Requires nonreversion of FY 2009 Child Care Assistance Program funds.

32 19 purposes designated until the close of the succeeding fiscal  
32 20 year.

32 21 Sec. 15. JUVENILE INSTITUTIONS. There is appropriated  
32 22 from the general fund of the state to the department of human  
32 23 services for the fiscal year beginning July 1, 2009, and  
32 24 ending June 30, 2010, the following amounts, or so much  
32 25 thereof as is necessary, to be used for the purposes  
32 26 designated:

32 27 1. For operation of the Iowa juvenile home at Toledo and  
32 28 for salaries, support, and maintenance, and for not more than  
32 29 the following full-time equivalent positions:

32 30 ..... \$ 6,754,759  
32 31 ..... FTEs 125.00

General Fund appropriation to the DHS for the Juvenile Home at Toledo.

DETAIL: This is a decrease of \$836,515 and 1.00 FTE position compared to the estimated net FY 2009 appropriation for the implementation of an 11.01% across-the-board reduction for FY 2010.

NOTE: An additional \$836,515 is appropriated to Toledo from the Human Services Reinvestment Fund established in HF 820 (FY 2010 Federal Funds Appropriations Act).

32 32 2. For operation of the state training school at Eldora  
32 33 and for salaries, support, and maintenance, and for not more  
32 34 than the following full-time equivalent positions:

32 35 ..... \$ 10,717,787  
33 1 ..... FTEs 202.70

General Fund appropriation to the DHS for the State Training School at Eldora.

DETAIL: This is a decrease of \$1,327,300 and no change to FTE positions compared to the estimated net FY 2009 appropriation for the implementation of an 11.31% across-the-board reduction for FY 2010.

NOTE: An additional \$1,327,300 is appropriated to Eldora from the Human Services Reinvestment Fund established in HF 820 (FY 2010 Federal Funds Appropriations Act).

33 2 3. A portion of the moneys appropriated in this section  
33 3 shall be used by the state training school and by the Iowa  
33 4 juvenile home for grants for adolescent pregnancy prevention  
33 5 activities at the institutions in the fiscal year beginning

Requires a portion of the funds appropriated for the two juvenile institutions to be used for pregnancy prevention in FY 2010.

DETAIL: This provision was also in effect for FY 2009.



33 6 July 1, 2009.

33 7 Sec. 16. CHILD AND FAMILY SERVICES.

33 8 1. There is appropriated from the general fund of the  
33 9 state to the department of human services for the fiscal year  
33 10 beginning July 1, 2009, and ending June 30, 2010, the  
33 11 following amount, or so much thereof as is necessary, to be  
33 12 used for the purpose designated:

33 13 For child and family services:

33 14 ..... \$ 90,591,451

General Fund appropriation to the DHS for Child and Family Services.

DETAIL: This is a net General Fund increase of \$1,619,752 compared to the estimated net FY 2009 appropriation. An additional \$32,084,430 is allocated to child and family services from the DHS TANF appropriation in this Division. Changes to the General Fund appropriation include:

- A decrease of \$98,500 to eliminate State funding for a child protection center in Black Hawk County.
- A decrease of \$175,984 for protective child care services for a general reduction.
- A decrease of \$136,895 for the Preparation for Adult Living (PALS) Program for a general reduction.
- A decrease of \$209,552 for adolescent monitoring services for a general reduction.
- A decrease of \$78,451 for supervised treatment for a general reduction.
- A decrease of \$62,579 for school-based supervision services for a general reduction.
- A decrease of \$49,530 for the Juvenile Drug Courts for a general reduction.
- A decrease of \$702,673 for family foster care services for a general reduction.
- A decrease of \$180,126 for foster parent recruitment and retention for a general reduction.
- A decrease of \$353,382 for shelter care beds funding.
- A decrease of \$1,357,091 for group care services.
- A decrease of \$53,841 for supervised apartment living services for a general reduction.
- A decrease of \$57,611 for the child welfare information system for a general reduction.
- A decrease of \$38,006 for child welfare services support for a general reduction.
- A decrease of \$375,000 to eliminate State funding for technical assistance and quality assurance.
- An increase of \$3,579,852 for general child welfare services. This

- allocation was previously funded by the HITT Fund.
- An increase of \$442,524 to reflect updated estimates to the Foster Care Recovery Fund based on current and projected recovery rates.
  - An increase of \$1,717,753 to replace one-time FY 2008 carryforward funding for decategorization. The FY 2009 allocation was funded with carryforward funds that were allocated to decategorization in prior State fiscal years and would have otherwise reverted to the General Fund after June 30, 2008.
  - An increase of \$100,000 for child welfare provider training.
  - An increase of \$406,391 for foster and adoptive family peer support.
  - A decrease of \$93,271 to reflect updated estimates to Title IV-E funds based on current eligibility rates and the projected FY 2010 Federal Medical Assistance Percentage (FMAP) rate.
  - A decrease of \$146,522 to eliminate State funding for four diversion and mediation pilot projects.
  - A decrease of \$78,000 for a multi-dimensional foster care treatment level pilot program for a general reduction.
  - A decrease of \$379,754 for a general reduction for Child Welfare Programs for FY 2010.

NOTE: An additional \$2,000,000 of federal funds from the American Reinvestment and Recovery Act of 2009 is appropriated in HF 820 (FY 2010 Federal Funds Appropriations Act) to child and family services for FY 2010.

33 15 2. In order to address a reduction of \$5,200,000 from the  
 33 16 amount allocated under the appropriation made for the purposes  
 33 17 of this section in prior years for purposes of juvenile  
 33 18 delinquent graduated sanction services, up to \$5,200,000 of  
 33 19 the amount of federal temporary assistance for needy families  
 33 20 block grant funding appropriated in this division of this Act  
 33 21 for child and family services shall be made available for  
 33 22 purposes of juvenile delinquent graduated sanction services.

Allocates \$5,200,000 in Temporary Assistance to Needy Families (TANF) funds for delinquency programs.

DETAIL: Maintains the current allocation level.

33 23 3. The department may transfer funds appropriated in this

Permits the DHS to transfer funds appropriated for Child and Family

33 24 section as necessary to pay the nonfederal costs of services  
33 25 reimbursed under the medical assistance program, state child  
33 26 care assistance program, or the family investment program  
33 27 which are provided to children who would otherwise receive  
33 28 services paid under the appropriation in this section. The  
33 29 department may transfer funds appropriated in this section to  
33 30 the appropriations made in this division of this Act for  
33 31 general administration and for field operations for resources  
33 32 necessary to implement and operate the services funded in this  
33 33 section.

Services to Medicaid, the Family Investment Program (FIP), General Administration, or Field Operations to pay for costs associated with child welfare services in these areas.

33 34 4. a. Of the funds appropriated in this section, up to  
33 35 \$34,200,400 is allocated as the statewide expenditure target  
34 1 under section 232.143 for group foster care maintenance and  
34 2 services. If the department projects that such expenditures  
34 3 for the fiscal year will be less than the target amount  
34 4 allocated in this lettered paragraph, the department may  
34 5 reallocate the excess to provide additional funding for  
34 6 shelter care or the child welfare emergency services addressed  
34 7 with the allocation for shelter care.

Allocates up to \$34,200,400 for group care services and maintenance costs.

NOTE: House File 820 (FY 2010 Federal Funds Appropriations Act) requires the DHS to transfer \$1,387,581 in FY 2010 to the Human Services Reinvestment Fund and decreases the group foster care maintenance and services target to \$32,812,819. The new target is a decrease of \$3,028,925 compared to the FY 2009 allocation.

34 8 b. If at any time after September 30, 2009, annualization  
34 9 of a service area's current expenditures indicates a service  
34 10 area is at risk of exceeding its group foster care expenditure  
34 11 target under section 232.143 by more than 5 percent, the  
34 12 department and juvenile court services shall examine all group  
34 13 foster care placements in that service area in order to  
34 14 identify those which might be appropriate for termination. In  
34 15 addition, any aftercare services believed to be needed for the  
34 16 children whose placements may be terminated shall be  
34 17 identified. The department and juvenile court services shall  
34 18 initiate action to set dispositional review hearings for the  
34 19 placements identified. In such a dispositional review  
34 20 hearing, the juvenile court shall determine whether needed  
34 21 aftercare services are available and whether termination of  
34 22 the placement is in the best interest of the child and the

Requires the group foster care expenditure target to be reviewed under certain conditions and requires review hearings when appropriate.

34 23 community.

34 24 5. In accordance with the provisions of section 232.188,  
34 25 the department shall continue the child welfare and juvenile  
34 26 justice funding initiative during fiscal year 2009=2010. Of  
34 27 the funds appropriated in this section, \$1,717,753 is  
34 28 allocated specifically for expenditure for fiscal year  
34 29 2009=2010 through the decategorization service funding pools  
34 30 and governance boards established pursuant to section 232.188.

Allocates \$1,717,753 for decategorization services.

DETAIL: This is a decrease of \$1,887,247 compared to the original FY 2009 allocation. However, it is an increase of \$1,717,753 in General Funds to replace one-time FY 2008 carryforward funding for decategorization. The FY 2009 allocation was funded with carryforward funds that were allocated to decategorization in prior State fiscal years and would have otherwise reverted to the General Fund after June 30, 2009.

34 31 6. A portion of the funds appropriated in this section may  
34 32 be used for emergency family assistance to provide other  
34 33 resources required for a family participating in a family  
34 34 preservation or reunification project or successor project to  
34 35 stay together or to be reunified.

Permits a portion of the Child and Family Services appropriation to be used for emergency family assistance under specified conditions.

35 1 7. Notwithstanding section 234.35 or any other provision  
35 2 of law to the contrary, state funding for shelter care shall  
35 3 be limited to \$7,686,460. The department may continue or  
35 4 amend shelter care provider contracts to include the child  
35 5 welfare emergency services for children who might otherwise be  
35 6 served in shelter care that were implemented pursuant to 2008  
35 7 Iowa Acts, chapter 1187, section 16, subsection 7.

CODE: Limits State funding for shelter care to \$7,686,460. Permits the Department of Human Services to continue or amend provider contracts to include child welfare emergency services.

DETAIL: This is an increase of \$385,755 compared to the FY 2009 allocation.

NOTE: An additional \$500,000 of federal funds from the American Reinvestment and Recovery Act of 2009 is appropriated in HF 820 (FY 2010 Federal Funds Appropriations Act) to shelter care for FY 2010.

35 8 8. Except for federal funds provided by the federal  
35 9 American Recovery and Reinvestment Act of 2009, federal funds  
35 10 received by the state during the fiscal year beginning July 1,  
35 11 2009, as the result of the expenditure of state funds  
35 12 appropriated during a previous state fiscal year for a service  
35 13 or activity funded under this section are appropriated to the

CODE: Requires federal funds received in FY 2010 for the expenditure of State funds in a previous fiscal year to be used for child welfare services. Requires nonreversion of funds through FY 2011.

35 14 department to be used as additional funding for services and  
35 15 purposes provided for under this section. Notwithstanding  
35 16 section 8.33, moneys received in accordance with this  
35 17 subsection that remain unencumbered or unobligated at the  
35 18 close of the fiscal year shall not revert to any fund but  
35 19 shall remain available for the purposes designated until the  
35 20 close of the succeeding fiscal year.

35 21 9. Of the funds appropriated in this section, at least  
35 22 \$3,464,856 shall be used for protective child care assistance.

Requires \$3,464,856 to be used for protective child care assistance.

DETAIL: This is an increase of \$231,429 compared to the FY 2009 allocation.

35 23 10. a. Of the funds appropriated in this section, up to  
35 24 \$2,257,277 is allocated for the payment of the expenses of  
35 25 court=ordered services provided to juveniles who are under the  
35 26 supervision of juvenile court services, which expenses are a  
35 27 charge upon the state pursuant to section 232.141, subsection  
35 28 4. Of the amount allocated in this lettered paragraph, up to  
35 29 \$1,556,287 shall be made available to provide school=based  
35 30 supervision of children adjudicated under chapter 232, of  
35 31 which not more than \$15,000 may be used for the purpose of  
35 32 training. A portion of the cost of each school=based liaison  
35 33 officer shall be paid by the school district or other funding  
35 34 source as approved by the chief juvenile court officer.

35 35 b. Of the funds appropriated in this section, up to  
36 1 \$819,722 is allocated for the payment of the expenses of  
36 2 court=ordered services provided to children who are under the  
36 3 supervision of the department, which expenses are a charge  
36 4 upon the state pursuant to section 232.141, subsection 4.

Provides the following allocations related to court-ordered services for juveniles:

- Allocates up to \$2,257,277 for court-ordered services provided to children that are under the supervision of juvenile court services. This is a decrease of \$11,686 compared to the FY 2009 allocation.
- Allocates \$1,556,287 for school-based supervision of delinquent children, limits training funds to \$15,000, and requires a portion of the cost for school-based liaisons to be paid by school districts. Maintains the current level of General Fund support.
- Allocates \$819,722 for court-ordered services provided to children that are under the supervision of the Department of Human Services. This is a decrease of \$4,243 compared to the FY 2009 allocation for a general reduction.

36 5 c. Notwithstanding section 232.141 or any other provision  
36 6 of law to the contrary, the amounts allocated in this  
36 7 subsection shall be distributed to the judicial districts as  
36 8 determined by the state court administrator and to the  
36 9 department's service areas as determined by the administrator

CODE: Requires allocations to the DHS districts to be made according to a formula determined by the State Court Administrator by June 15, 2009.

36 10 of the department's division of child and family services.  
36 11 The state court administrator and the division administrator  
36 12 shall make the determination of the distribution amounts on or  
36 13 before June 15, 2009.

36 14 d. Notwithstanding chapter 232 or any other provision of  
36 15 law to the contrary, a district or juvenile court shall not  
36 16 order any service which is a charge upon the state pursuant to  
36 17 section 232.141 if there are insufficient court-ordered  
36 18 services funds available in the district court or departmental  
36 19 service area distribution amounts to pay for the service. The  
36 20 chief juvenile court officer and the departmental service area  
36 21 manager shall encourage use of the funds allocated in this  
36 22 subsection such that there are sufficient funds to pay for all  
36 23 court-related services during the entire year. The chief  
36 24 juvenile court officers and departmental service area managers  
36 25 shall attempt to anticipate potential surpluses and shortfalls  
36 26 in the distribution amounts and shall cooperatively request  
36 27 the state court administrator or division administrator to  
36 28 transfer funds between the judicial districts' or departmental  
36 29 service areas' distribution amounts as prudent.

CODE: Prohibits a court from ordering any service that is a charge to the State if there are insufficient funds to reimburse the service. Requires the Chief Juvenile Court Officer to use the funds in a manner that will cover the entire fiscal year and permits funds to be transferred between districts.

36 30 e. Notwithstanding any provision of law to the contrary, a  
36 31 district or juvenile court shall not order a county to pay for  
36 32 any service provided to a juvenile pursuant to an order  
36 33 entered under chapter 232 which is a charge upon the state  
36 34 under section 232.141, subsection 4.

CODE: Prohibits a district or juvenile court from ordering a county to pay for a service provided to a juvenile that is a charge to the State.

36 35 f. Of the funds allocated in this subsection, not more  
37 1 than \$100,000 may be used by the judicial branch for  
37 2 administration of the requirements under this subsection.

Prohibits expenditure of more than \$100,000 by the Judicial Branch for administration related to court-ordered services.

37 3 11. Of the funds appropriated in this section, \$1,005,166  
37 4 shall be transferred to the department of public health to be  
37 5 used for the child protection center grant program in

Requires an allocation of \$1,005,166 to be transferred to the Department of Public Health for a Child Protection Center Grant Program.

37 6 accordance with section 135.118.

DETAIL: This is a decrease of \$24,834 compared to the estimated net FY 2009 allocation for a general reduction.

37 7 12. If the department receives federal approval to  
37 8 implement a waiver under Title IV-E of the federal Social  
37 9 Security Act to enable providers to serve children who remain  
37 10 in the children's families and communities, for purposes of  
37 11 eligibility under the medical assistance program, children who  
37 12 participate in the waiver shall be considered to be placed in  
37 13 foster care.

Requires children that receive in-home or community-based services under a federal Title IV-E waiver to be considered as placed in foster care in order to remain eligible for Medicaid, if the DHS receives federal approval to implement the waiver.

37 14 13. Of the funds appropriated in this section, \$2,695,256  
37 15 is allocated for the preparation for adult living program  
37 16 pursuant to section 234.46.

Allocates \$2,695,256 for the Preparation for Adult Living Services (PALS) Program.

DETAIL: This is a decrease of \$166,908 compared to the FY 2009 allocation for a general reduction.

37 17 14. Of the funds appropriated in this section, \$975,162  
37 18 shall be used for juvenile drug courts. The amount allocated  
37 19 in this subsection shall be distributed as follows:

37 20 a. To the judicial branch for salaries to assist with the  
37 21 operation of juvenile drug court programs operated in the  
37 22 following jurisdictions:

37 23 (1) Marshall county:

37 24 ..... \$ 58,509

37 25 (2) Woodbury county:

37 26 ..... \$ 117,267

37 27 (3) Polk county:

37 28 ..... \$ 182,779

37 29 (4) The third judicial district:

37 30 ..... \$ 63,385

37 31 (5) The eighth judicial district:

Allocates a total of \$975,162 for juvenile drug courts. Of this amount, a total of \$485,325 is allocated for Judicial Branch staff costs, and \$489,837 is allocated for juvenile drug court services for juveniles and their families.

DETAIL: This is a decrease of \$54,838 compared to the FY 2009 allocation for a general reduction.

37 32 ..... \$ 63,385  
 37 33 b. For court-ordered services to support substance abuse  
 37 34 services provided to the juveniles participating in the  
 37 35 juvenile drug court programs listed in paragraph "a" and the  
 38 1 juveniles' families:  
 38 2 ..... \$ 489,837  
 38 3 The state court administrator shall allocate the funding  
 38 4 designated in this paragraph among the programs.

38 5 15. Of the funds appropriated in this section, \$224,288  
 38 6 shall be used for the public purpose of providing a grant to a  
 38 7 nonprofit human services organization providing services to  
 38 8 individuals and families in multiple locations in southwest  
 38 9 Iowa and Nebraska for support of a project providing  
 38 10 immediate, sensitive support and forensic interviews, medical  
 38 11 exams, needs assessments, and referrals for victims of child  
 38 12 abuse and their nonoffending family members.

Requires an allocation of \$224,288 for Project Harmony.

DETAIL: This is a decrease of \$12,612 compared to the FY 2009 allocation.

38 13 16. Of the funds appropriated in this section, \$123,923 is  
 38 14 allocated for the elevate approach of providing a support  
 38 15 network to children placed in foster care.

Requires an allocation of \$123,923 to provide support for chapters for the ELEVATE support group for foster care children.

DETAIL: This is a decrease of \$7,077 compared to the FY 2009 allocation for a general reduction.

38 16 17. Of the funds appropriated in this section, \$227,987 is  
 38 17 allocated for use pursuant to section 235A.1 for continuation  
 38 18 of the initiative to address child sexual abuse implemented  
 38 19 pursuant to 2007 Iowa Acts, chapter 218, section 18,  
 38 20 subsection 21.

Allocates \$227,987 for an initiative to address child sexual abuse.

DETAIL: This is an increase of \$27,987 compared to the FY 2009 allocation.

38 21 18. Of the funds appropriated in this section, \$75,741 is  
 38 22 allocated for the public purpose of renewing of a grant to a  
 38 23 county with a population between 189,000 and 196,000 in the  
 38 24 latest preceding certified federal census for implementation  
 38 25 of the county's runaway treatment plan under section 232.195.

Allocates \$75,741 for a Linn County Juvenile Runaway Program.

DETAIL: This is a decrease of \$4,259 compared to the FY 2009 allocation for a general reduction.



38 26 19. Of the funds appropriated in this section, \$590,780 is  
38 27 allocated for the community partnership for child protection  
38 28 sites.

Allocates \$590,780 for the child welfare Community Partnership for Child Protection sites.

DETAIL: This is an increase of \$172,780 compared to the FY 2009 allocation for a general reduction.

38 29 20. Of the funds appropriated in this section, \$355,036 is  
38 30 allocated for the department's minority youth and family  
38 31 projects under the redesign of the child welfare system.

Allocates \$355,036 for minority youth and family projects included in child welfare redesign.

DETAIL: This is a decrease of \$19,964 compared to the FY 2009 allocation for a general reduction.

38 32 21. Of the funds appropriated in this section, \$281,217 is  
38 33 allocated for funding of the state match for the federal  
38 34 substance abuse and mental health services administration  
38 35 (SAMHSA) system of care grant.

Allocates \$281,217 for the State match for the federal Substance Abuse and Mental Health Services Administration system of care grant.

DETAIL: This is a decrease of \$18,783 compared to the FY 2009 allocation for a general reduction.

39 1 22. Of the funds appropriated in this section, \$23,792 is  
39 2 allocated for the public purpose of providing a grant to a  
39 3 child welfare services provider headquartered in a county with  
39 4 a population between 189,000 and 196,000 in the latest  
39 5 preceding certified federal census that provides multiple  
39 6 services including but not limited to a psychiatric medical  
39 7 institution for children, shelter, residential treatment,  
39 8 after school programs, school-based programming, and an  
39 9 Asperger's syndrome program, to be used for support services  
39 10 for children with autism spectrum disorder and their families.

Allocates \$23,792 to Four Oaks for various autism spectrum disorders services.

DETAIL: This is a decrease of \$1,208 compared to the FY 2009 allocation for a general reduction.

39 11 23. Of the funds appropriated in this section, \$125,000 is  
39 12 allocated for continuation of the contracts for the  
39 13 multidimensional treatment level foster care program  
39 14 established pursuant to 2006 Iowa Acts, chapter 1123, for an  
39 15 additional year. The contractor shall provide a 25 percent

Allocates \$125,000 for the Multi-Dimensional Foster Care Treatment Level Program. Requires the DHS to continue the fourth year of the pilot Program with the same contractors. Requires the contractors to provide a 25.00% match and to report on their progress.

DETAIL: This is a decrease of \$78,000 compared to the FY 2009

39 16 match to receive the funds and shall submit a report on the  
 39 17 program to the persons designated by this division of this Act  
 39 18 for submission of reports.

allocation.

39 19 Sec. 17. The department of human services shall work  
 39 20 jointly with the juvenile court and juvenile court services in  
 39 21 studying the provision of child abuse information to juvenile  
 39 22 court services concerning children under the supervision of  
 39 23 juvenile court services, barriers to timely provision of the  
 39 24 information, and how the provision of the information can be  
 39 25 improved. A final report with findings and recommendations  
 39 26 shall be submitted to the governor, supreme court, and general  
 39 27 assembly, on or before December 15, 2009.

Directs the DHS, Juvenile Courts, and the Juvenile Court Services to study barriers to communication relating to child abuse information and to provide a report to the Governor, Supreme Court, and the General Assembly by December 15, 2009.

39 28 1. Of the funds appropriated in this section, \$80,000  
 39 29 shall be transferred to the appropriation made in this  
 39 30 division of this Act for the family support subsidy program to  
 39 31 supplement that appropriation.

Allocates \$80,000 to the DHS Family Support Subsidy Program.

DETAIL: This is a one-time allocation to supplement the Program. The FY 2010 General Fund appropriation to the Program will total \$1,777,137 including this transfer.

39 32 Sec. 18. ADOPTION SUBSIDY.  
 39 33 1. There is appropriated from the general fund of the  
 39 34 state to the department of human services for the fiscal year  
 39 35 beginning July 1, 2009, and ending June 30, 2010, the  
 40 1 following amount, or so much thereof as is necessary, to be  
 40 2 used for the purpose designated:  
 40 3 For adoption subsidy payments and services:  
 40 4 ..... \$ 34,883,674

General Fund appropriation to the DHS for the Adoption Subsidy Program.

DETAIL: This is a net increase of \$1,227,335 compared to the estimated net FY 2009 appropriation. Changes include:

- An increase of \$1,382,019 to fund the supplemental need from FY 2009 in FY 2010.
- An increase of \$2,054,689 for caseload growth expected in FY 2010.
- A decrease of \$437,589 to reflect the change in the Federal Medical Assistance Percentage (FMAP) rate.
- A decrease of \$1,771,784 to implement an across-the-board reduction of 5.26% for FY 2010.

NOTE: For FY 2009, the federal American Reinvestment and Recovery Act (ARRA) of 2009 provides for an FMAP increase of

6.20% for the Adoption Subsidy Program for an estimated \$3,470,070. This amount exceeds the supplemental need of \$1,382,019 for FY 2009. Therefore, HF 820 (FY 2010 Federal Funds Appropriations Act) transfers \$1,151,849 to the Human Services Reinvestment Fund from FY 2009 to use for FY 2010. For FY 2010, the Program is estimated to receive \$4,645,737 from the ARRA FMAP increase of 6.20%.

40 5 2. The department may transfer funds appropriated in this  
40 6 section to the appropriation made in this Act for general  
40 7 administration for costs paid from the appropriation relating  
40 8 to adoption subsidy.

Permits the DHS to transfer funds for adoption recruitment and services.

40 9 3. Except for federal funds provided by the federal  
40 10 American Recovery and Reinvestment Act of 2009, federal funds  
40 11 received by the state during the fiscal year beginning July 1,  
40 12 2009, as the result of the expenditure of state funds during a  
40 13 previous state fiscal year for a service or activity funded  
40 14 under this section are appropriated to the department to be  
40 15 used as additional funding for the services and activities  
40 16 funded under this section. Notwithstanding section 8.33,  
40 17 moneys received in accordance with this subsection that remain  
40 18 unencumbered or unobligated at the close of the fiscal year  
40 19 shall not revert to any fund but shall remain available for  
40 20 expenditure for the purposes designated until the close of the  
40 21 succeeding fiscal year.

CODE: Requires federal funds received in FY 2010 for the expenditure of State funds in a previous fiscal year to be used for Adoption Subsidy. Requires nonreversion of funds in this Subsection until the close of FY 2011.

40 22 Sec. 19. JUVENILE DETENTION HOME FUND. Moneys deposited  
40 23 in the juvenile detention home fund created in section 232.142  
40 24 during the fiscal year beginning July 1, 2009, and ending June  
40 25 30, 2010, are appropriated to the department of human services  
40 26 for the fiscal year beginning July 1, 2009, and ending June  
40 27 30, 2010, for distribution of an amount equal to a percentage  
40 28 of the costs of the establishment, improvement, operation, and  
40 29 maintenance of county or multicounty juvenile detention homes

CODE: Requires funds deposited in the Juvenile Detention Fund to be distributed to the Juvenile Detention Centers.

DETAIL: It is estimated that the fines that are deposited in the Fund will be approximately \$4,000,000 in FY 2009. Fines in the Fund will be allocated to the detention centers based the on FY 2010 projected budgets to be used for operations.

40 30 in the fiscal year beginning July 1, 2008. Moneys  
 40 31 appropriated for distribution in accordance with this section  
 40 32 shall be allocated among eligible detention homes, prorated on  
 40 33 the basis of an eligible detention home's proportion of the  
 40 34 costs of all eligible detention homes in the fiscal year  
 40 35 beginning July 1, 2008. The percentage figure shall be  
 41 1 determined by the department based on the amount available for  
 41 2 distribution for the fund. Notwithstanding section 232.142,  
 41 3 subsection 3, the financial aid payable by the state under  
 41 4 that provision for the fiscal year beginning July 1, 2009,  
 41 5 shall be limited to the amount appropriated for the purposes  
 41 6 of this section.

41 7 Sec. 20. FAMILY SUPPORT SUBSIDY PROGRAM.

41 8 1. There is appropriated from the general fund of the  
 41 9 state to the department of human services for the fiscal year  
 41 10 beginning July 1, 2009, and ending June 30, 2010, the  
 41 11 following amount, or so much thereof as is necessary, to be  
 41 12 used for the purpose designated:

41 13 For the family support subsidy program:

41 14 ..... \$ 1,697,137

41 15 2. The department shall use at least \$385,475 of the  
 41 16 moneys appropriated in this section for the family support  
 41 17 center component of the comprehensive family support program  
 41 18 under section 225C.47. Not more than \$25,000 of the amount  
 41 19 allocated in this subsection shall be used for administrative  
 41 20 costs.

41 21 3. If at any time during the fiscal year, the amount of  
 41 22 funding available for the family support subsidy program is  
 41 23 reduced from the amount initially used to establish the figure  
 41 24 for the number of family members for whom a subsidy is to be

General Fund appropriation for the Family Support Program.

DETAIL: This is a decrease of \$210,175 compared to the estimated net FY 2009 appropriation to reflect the implementation of an 11.01% across-the-board reduction for FY 2010. An additional \$80,000 is allocated from the General Fund appropriation to child and family services in this Division to the Family Support Subsidy Program.

Requires an allocation of \$385,475 from the Family Support Subsidy appropriation to continue the Children-at-Home Program in current counties. Also, permits the DHS to expand the Program to additional counties if funds are available, and limits administrative funding to \$25,000.

DETAIL: This is a decrease of \$47,737 compared to the FY 2009 allocation for a general reduction. Increases the administrative cap on expenses by \$5,000 compared to the FY 2009 allocation.

Provides that if available funds are less than anticipated, the Department is required to revise the funding available to participants in the Family Support Subsidy Program.

41 25 provided at any one time during the fiscal year,  
 41 26 notwithstanding section 225C.38, subsection 2, the department  
 41 27 shall revise the figure as necessary to conform to the amount  
 41 28 of funding available.

41 29 Sec. 21. CONNER DECREE. There is appropriated from the  
 41 30 general fund of the state to the department of human services  
 41 31 for the fiscal year beginning July 1, 2009, and ending June  
 41 32 30, 2010, the following amount, or so much thereof as is  
 41 33 necessary, to be used for the purpose designated:  
 41 34 For building community capacity through the coordination  
 41 35 and provision of training opportunities in accordance with the  
 42 1 consent decree of Conner v. Branstad, No. 4=86=CV=30871(S.D.  
 42 2 Iowa, July 14, 1994):  
 42 3 ..... \$ 37,358

General Fund appropriation to the DHS for Conner Decree training requirements.

DETAIL: This is a decrease of \$4,626 compared to the estimated net FY 2009 appropriation. The funds are used for training purposes to comply with the Conner v. Branstad court decision mandating placement of persons in the least restrictive setting.

42 4 Sec. 22. MENTAL HEALTH INSTITUTES.  
 42 5 1. There is appropriated from the general fund of the  
 42 6 state to the department of human services for the fiscal year  
 42 7 beginning July 1, 2009, and ending June 30, 2010, the  
 42 8 following amounts, or so much thereof as is necessary, to be  
 42 9 used for the purposes designated:

42 10 a. For the state mental health institute at Cherokee for  
 42 11 salaries, support, maintenance, and miscellaneous purposes,  
 42 12 and for not more than the following full-time equivalent  
 42 13 positions:  
 42 14 ..... \$ 5,436,076  
 42 15 ..... FTEs 205.00

General Fund appropriation to the Mental Health Institute at Cherokee.

DETAIL: This is a decrease of \$673,209 and 5.00 FTE positions compared to the estimated net FY 2009 appropriation for a general reduction of 11.30%.

42 16 b. For the state mental health institute at Clarinda for  
 42 17 salaries, support, maintenance, and miscellaneous purposes,  
 42 18 and for not more than the following full-time equivalent  
 42 19 positions:  
 42 20 ..... \$ 6,227,335

General Fund appropriation to the Mental Health Institute at Clarinda.

DETAIL: This is a decrease of \$1,071,196 and no change to FTE positions compared to the estimated net FY 2009 appropriation. This includes:

42 21 ..... FTEs 114.95

- A decrease of \$266,940 to eliminate the mobile Alzheimer's unit.
- A decrease of \$804,256 for a general reduction of 11.30%.

42 22 c. For the state mental health institute at Independence  
42 23 for salaries, support, maintenance, and miscellaneous  
42 24 purposes, and for not more than the following full-time  
42 25 equivalent positions:

42 26 ..... \$ 9,503,567

42 27 ..... FTEs 287.85

General Fund appropriation to the Mental Health Institute at Independence.

DETAIL: This is a decrease of \$1,190,291 and an increase of 0.19 FTE position compared to the estimated net FY 2009 appropriation for a general reduction of 11.30%.

42 28 d. For the state mental health institute at Mount Pleasant  
42 29 for salaries, support, maintenance, and miscellaneous  
42 30 purposes, and for not more than the following full-time  
42 31 equivalent positions:

42 32 ..... \$ 1,795,552

42 33 ..... FTEs 116.44

General Fund appropriation to the Mental Health Institute at Mount Pleasant.

DETAIL: This is a decrease of \$227,456 and no change in FTE positions compared to the estimated net FY 2009 appropriation for a general reduction of 11.30%.

42 34 2. The department shall submit a proposal for closing one  
42 35 state mental health institute and consolidating the services  
43 1 provided at the other state mental health institutes. The  
43 2 proposal shall provide for maintaining the existing levels of  
43 3 beds and services after the consolidation. The proposal shall  
43 4 be developed in coordination with the task force review of the  
43 5 four institutes performed under this section. The department  
43 6 shall incorporate or address the findings and recommendations  
43 7 of the task force in such proposal. The proposal shall be  
43 8 submitted to the persons designated by this division of this  
43 9 Act for submission of reports on or before December 15, 2009.

Requires the Department to submit a proposal to close one State Mental Health Institute (MHI) and consolidate services provided without reducing the total number of beds currently available. Requires the proposal to be developed in coordination with the task force to review the four MHIs.

43 10 3. The department shall staff a task force to be appointed  
43 11 by the governor consisting of knowledgeable citizens to  
43 12 perform an in-depth review of the four state mental health  
43 13 institutes, services provided, public benefits of the services

Requires the Department to staff a task force appointed by the Governor to review the four State Mental Health Institutes, including:

- services provided.

43 14 provided, economic effects connected to the presence of the  
 43 15 institutes that are realized by the communities in the areas  
 43 16 served and the families of personnel, and other public costs  
 43 17 and benefits associated with the presence and availability of  
 43 18 the four institutes. The review shall be coordinated with the  
 43 19 proposal to be developed by the department under this section  
 43 20 and shall incorporate or address the proposal findings and  
 43 21 recommendations. The task force shall submit a report  
 43 22 providing findings and recommendations to the governor and  
 43 23 general assembly on or before December 15, 2009.

- public benefit of the services provided.
- economic effects connected to the presence of the institutes in the community.
- any other public costs and benefits.

Requires a report by December 15, 2009.

43 24 Sec. 23. STATE RESOURCE CENTERS.

43 25 1. There is appropriated from the general fund of the  
 43 26 state to the department of human services for the fiscal year  
 43 27 beginning July 1, 2009, and ending June 30, 2010, the  
 43 28 following amounts, or so much thereof as is necessary, to be  
 43 29 used for the purposes designated:

43 30 a. For the state resource center at Glenwood for salaries,  
 43 31 support, maintenance, and miscellaneous purposes:  
 43 32 ..... \$ 17,620,487

General Fund appropriation to the State Resource Center at Glenwood.

DETAIL: This is a decrease of \$1,283,277 and an increase of 8.36 FTE positions compared to the estimated net FY 2009 appropriation. The change includes:

- A decrease of \$388,311 to reflect the appropriate FMAP rate.
- A decrease of \$894,966 for a general reduction of 4.80%.

The FTE positions are not capped in the Act.

43 33 b. For the state resource center at Woodward for salaries,  
 43 34 support, maintenance, and miscellaneous purposes:  
 43 35 ..... \$ 10,929,200

General Fund appropriation to the State Resource Center at Woodward.

DETAIL: This is a decrease of \$1,632,526 and an increase of 3.52 FTE positions compared to the estimated net FY 2009 appropriation. The change includes:

- A decrease of \$260,907 to reflect the appropriate FMAP rate.
- A decrease of \$1,371,619 for a general reduction of 11.30%.

The FTE positions are not capped in the Act.

44 1 2. The department may continue to bill for state resource  
44 2 center services utilizing a scope of services approach used  
44 3 for private providers of ICFMR services, in a manner which  
44 4 does not shift costs between the medical assistance program,  
44 5 counties, or other sources of funding for the state resource  
44 6 centers.

Permits the DHS to continue billing practices that do not include cost shifting.

44 7 3. The state resource centers may expand the time-limited  
44 8 assessment and respite services during the fiscal year.

Permits the State Resource Centers to expand time-limited assessment and respite services.

DETAIL: Time-limited assessments include analysis of patients' conditions and development of therapy plans to assist families in caring for individuals with mental retardation or developmental disabilities. Respite services provide care for special needs individuals for a limited duration to provide families with a temporary reprieve from caretaking responsibilities.

44 9 4. If the department's administration and the department  
44 10 of management concur with a finding by a state resource  
44 11 center's superintendent that projected revenues can reasonably  
44 12 be expected to pay the salary and support costs for a new  
44 13 employee position, or that such costs for adding a particular  
44 14 number of new positions for the fiscal year would be less than  
44 15 the overtime costs if new positions would not be added, the  
44 16 superintendent may add the new position or positions. If the  
44 17 vacant positions available to a resource center do not include  
44 18 the position classification desired to be filled, the state  
44 19 resource center's superintendent may reclassify any vacant  
44 20 position as necessary to fill the desired position. The

Specifies that positions may be added at the two State Resource Centers if projected revenues are sufficient to pay the salary and support costs of the additional positions.



44 21 superintendents of the state resource centers may, by mutual  
 44 22 agreement, pool vacant positions and position classifications  
 44 23 during the course of the fiscal year in order to assist one  
 44 24 another in filling necessary positions.

44 25 5. If existing capacity limitations are reached in  
 44 26 operating units, a waiting list is in effect for a service or  
 44 27 a special need for which a payment source or other funding is  
 44 28 available for the service or to address the special need, and  
 44 29 facilities for the service or to address the special need can  
 44 30 be provided within the available payment source or other  
 44 31 funding, the superintendent of a state resource center may  
 44 32 authorize opening not more than two units or other facilities  
 44 33 and begin implementing the service or addressing the special  
 44 34 need during fiscal year 2009=2010.

Permits a State Resource Center to open certain facilities if a service waiting list exists and funding is available.

44 35 Sec. 24. MI/MR/DD STATE CASES.

General Fund appropriation to the DHS for State Cases.

45 1 1. There is appropriated from the general fund of the  
 45 2 state to the department of human services for the fiscal year  
 45 3 beginning July 1, 2009, and ending June 30, 2010, the  
 45 4 following amount, or so much thereof as is necessary, to be  
 45 5 used for the purpose designated:  
 45 6 For distribution to counties for state case services for  
 45 7 persons with mental illness, mental retardation, and  
 45 8 developmental disabilities in accordance with section 331.440:  
 45 9 ..... \$ 11,446,288

DETAIL: This is a decrease of \$1,620,890 compared to the estimated net FY 2009 appropriation for a general reduction.

45 10 2. For the fiscal year beginning July 1, 2009, and ending  
 45 11 June 30, 2010, \$200,000 is allocated for state case services  
 45 12 from the amounts appropriated from the fund created in section  
 45 13 8.41 to the department of human services from the funds  
 45 14 received from the federal government under 42 U.S.C., ch. 6A,  
 45 15 subch. XVII, relating to the community mental health center  
 45 16 block grant, for the federal fiscal years beginning October 1,  
 45 17 2007, and ending September 30, 2008, beginning October 1,

Requires \$200,000 of the Community Mental Health Services Block Grant funds from FFY 2008, FFY 2009, or FFY 2010 to be used for the State Cases costs.

45 18 2008, and ending September 30, 2009, and beginning October 1,  
 45 19 2009, and ending September 30, 2010. The allocation made in  
 45 20 this subsection shall be made prior to any other distribution  
 45 21 allocation of the appropriated federal funds.

45 22 3. For the fiscal year beginning July 1, 2009, to the  
 45 23 extent the appropriation made in this section and other  
 45 24 funding provided for state case services and other support, as  
 45 25 defined in section 331.440, and the other funding available in  
 45 26 the county's services fund under section 331.424A are  
 45 27 insufficient to pay the costs of such services and other  
 45 28 support, a county of residence may implement a waiting list or  
 45 29 other measures to maintain expenditures within the available  
 45 30 funding.

Allows counties to implement a waiting list for the State Cases Program if there are insufficient funds to pay the costs of the services.

45 31 4. Notwithstanding section 8.33, moneys appropriated in  
 45 32 this section that remain unencumbered or unobligated at the  
 45 33 close of the fiscal year shall not revert but shall remain  
 45 34 available for expenditure for the purposes designated until  
 45 35 the close of the succeeding fiscal year.

CODE: Requires nonreversion of funds appropriated for State Cases.

46 1 Sec. 25. MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES ==  
 46 2 COMMUNITY SERVICES FUND. There is appropriated from the  
 46 3 general fund of the state to the mental health and  
 46 4 developmental disabilities community services fund created in  
 46 5 section 225C.7 for the fiscal year beginning July 1, 2009, and  
 46 6 ending June 30, 2010, the following amount, or so much thereof  
 46 7 as is necessary, to be used for the purpose designated:  
 46 8 For mental health and developmental disabilities community  
 46 9 services in accordance with this division of this Act:  
 46 10 ..... \$ 15,790,111

General Fund appropriation for the Mental Health Community Services Fund.

DETAIL: This is a decrease of \$2,227,779 compared to the estimated net FY 2009 appropriation for a general reduction.

46 11 1. Of the funds appropriated in this section, \$15,763,951  
 46 12 shall be allocated to counties for funding of community-based  
 46 13 mental health and developmental disabilities services. The

Allocates \$15,763,951 from the Community Services appropriation to counties based on a formula considering the county's population and federal poverty guidelines.

46 14 moneys shall be allocated to a county as follows:

46 15 a. Fifty percent based upon the county's proportion of the  
46 16 state's population of persons with an annual income which is  
46 17 equal to or less than the poverty guideline established by the  
46 18 federal office of management and budget.

46 19 b. Fifty percent based upon the county's proportion of the  
46 20 state's general population.

46 21 2. a. A county shall utilize the funding the county  
46 22 receives pursuant to subsection 1 for services provided to  
46 23 persons with a disability, as defined in section 225C.2.  
46 24 However, no more than 50 percent of the funding shall be used  
46 25 for services provided to any one of the service populations.

46 26 b. A county shall use at least 50 percent of the funding  
46 27 the county receives under subsection 1 for contemporary  
46 28 services provided to persons with a disability, as described  
46 29 in rules adopted by the department.

46 30 3. Of the funds appropriated in this section, \$26,160  
46 31 shall be used to support the Iowa compass program providing  
46 32 computerized information and referral services for lowans with  
46 33 disabilities and their families.

46 34 4. a. Funding appropriated for purposes of the federal  
46 35 social services block grant is allocated for distribution to  
47 1 counties for local purchase of services for persons with  
47 2 mental illness or mental retardation or other developmental  
47 3 disability.

47 4 b. The funds allocated in this subsection shall be  
47 5 expended by counties in accordance with the county's county  
47 6 management plan approved by the board of supervisors. A  
47 7 county without an approved county management plan shall not

Requires the funds to be used for services to persons with mental illness, mental retardation, developmental disabilities, and brain injuries. Specifies that no more than 50.00% may be used for any one of these populations. Requires counties to use at least 50.00% of the funding received on contemporary services.

Allocates \$26,160 to support the Iowa Compass Program. The Program provides computerized information and referral services for lowans with developmental disabilities and their families.

DETAIL: This is a decrease of \$3,840 compared to the FY 2009 allocation.

Allocates federal funds appropriated in HF 820 (FY 2010 Federal Funds Appropriation Act) from the Social Services Block Grant for distribution to counties for local purchase of services for persons with mental illness, mental retardation, and developmental disabilities.

Requires counties to expend Social Services Block Grant funds according to approved county management plans. Prohibits a county from receiving an allocation of Social Services Block Grant funds until the county's plan is approved.

47 8 receive allocated funds until the county's management plan is  
47 9 approved.

47 10 c. The funds provided by this subsection shall be  
47 11 allocated to each county as follows:  
47 12 (1) Fifty percent based upon the county's proportion of  
47 13 the state's population of persons with an annual income which  
47 14 is equal to or less than the poverty guideline established by  
47 15 the federal office of management and budget.  
47 16 (2) Fifty percent based upon the amount provided to the  
47 17 county for local purchase of services in the preceding fiscal  
47 18 year.

Requires the funds provided in this Subsection to be allocated to each county according to a specified formula.

DETAIL: The formula remains unchanged from the FY 1997 formula.

47 19 5. A county is eligible for funds under this section if  
47 20 the county qualifies for a state payment as described in  
47 21 section 331.439.

Specifies that a county is eligible for State funding through the Community Mental Health Services Fund if it meets the requirements for receiving Property Tax Relief funds and Allowed Growth funds.

47 22 6. The most recent population estimates issued by the  
47 23 United States bureau of the census shall be applied for the  
47 24 population factors utilized in this section.

Requires the Department to utilize the most recent population estimates for the distribution of these funds.

47 25 Sec. 26. SEXUALLY VIOLENT PREDATORS.

General Fund appropriation to the DHS for the Sexual Predator Commitment Program.

47 26 1. There is appropriated from the general fund of the  
47 27 state to the department of human services for the fiscal year  
47 28 beginning July 1, 2009, and ending June 30, 2010, the  
47 29 following amount, or so much thereof as is necessary, to be  
47 30 used for the purpose designated:  
47 31 For costs associated with the commitment and treatment of  
47 32 sexually violent predators in the unit located at the state  
47 33 mental health institute at Cherokee, including costs of legal  
47 34 services and other associated costs, including salaries,  
47 35 support, maintenance, and miscellaneous purposes, and for not  
48 1 more than the following full-time equivalent positions:

DETAIL: This is net increase of \$158,446 and 11.00 FTE positions. This includes:

- An increase of \$662,000 for an adjustment in per diem and caseload growth.
- A decrease of \$503,554 for a general reduction.

48 2 ..... \$ 6,860,204

48 3 ..... FTEs 105.50

48 4 2. Unless specifically prohibited by law, if the amount  
 48 5 charged provides for recoupment of at least the entire amount  
 48 6 of direct and indirect costs, the department of human services  
 48 7 may contract with other states to provide care and treatment  
 48 8 of persons placed by the other states at the unit for sexually  
 48 9 violent predators at Cherokee. The moneys received under such  
 48 10 a contract shall be considered to be repayment receipts and  
 48 11 used for the purposes of the appropriation made in this  
 48 12 section.

Permits the Unit for Commitment of Sexually Violent Predators to accept out-of-state clients when the entire cost is reimbursed.

48 13 Sec. 27. FIELD OPERATIONS. There is appropriated from the  
 48 14 general fund of the state to the department of human services  
 48 15 for the fiscal year beginning July 1, 2009, and ending June  
 48 16 30, 2010, the following amount, or so much thereof as is  
 48 17 necessary, to be used for the purposes designated:  
 48 18 For field operations, including salaries, support,  
 48 19 maintenance, and miscellaneous purposes, and for not more than  
 48 20 the following full=time equivalent positions:  
 48 21 ..... \$ 63,032,831  
 48 22 ..... FTEs 2,000.13

General Fund appropriation to the DHS for Field Operations staff and support.

DETAIL: This is a net decrease of \$6,201,760 and 130.55 FTE positions compared to the estimated net FY 2009 appropriation. An additional \$18,507,495 is allocated to Field Operations from the TANF appropriation to DHS in this Division. The General Fund changes include:

- An increase of \$1,500,001 to restore various carryforward funds from FY 2008.
- A decrease of \$7,701,761 to implement an across-the-board reduction of 11.12% for Field Operations.
- A decrease of 130.55 FTEs to reflect anticipated decreases to staff levels.

NOTE: An additional \$680,596 of federal funds from the American Reinvestment and Recovery Act of 2009 is appropriated in HF 820 (FY 2010 Federal Funds Appropriations Act) for field operations for an additional 17.00 FTE positions due to the passage of SF 389 (Health Care Omnibus II Act).

48 23 Priority in filling full=time equivalent positions shall be  
 48 24 given to those positions related to child protection services  
 48 25 and eligibility determination for low=income families.

Requires priority to be given to child protection services and eligibility determinations when filling FTE positions.

DETAIL: This requirement was in place for FY 2009 for child protection services. The eligibility determination requirement was new for FY 2009.

48 26 Sec. 28. GENERAL ADMINISTRATION. There is appropriated  
 48 27 from the general fund of the state to the department of human  
 48 28 services for the fiscal year beginning July 1, 2009, and  
 48 29 ending June 30, 2010, the following amount, or so much thereof  
 48 30 as is necessary, to be used for the purpose designated:  
 48 31 For general administration, including salaries, support,  
 48 32 maintenance, and miscellaneous purposes, and for not more than  
 48 33 the following full-time equivalent positions:  
 48 34 ..... \$ 15,252,523  
 48 35 ..... FTEs 354.33

General Fund appropriation to the DHS for General Administration.

DETAIL: This is a net decrease of \$1,595,837 and 53.17 FTE positions compared to the estimated net FY 2009 appropriation. An additional \$3,744,000 is allocated to General Administration from the TANF appropriation to the DHS in this Division. Changes to the General Fund appropriation include:

- An increase of \$274,000 for general administration. This allocation was previously funded by the HITT Fund.
- A decrease of \$1,869,837 to implement an across-the-board reduction of 11.09% for General Administration.
- A decrease of 53.17 FTEs to reflect anticipated decreases to staff levels.

49 1 1. Of the funds appropriated in this section, \$48,556 is  
 49 2 allocated for the prevention of disabilities policy council  
 49 3 established in section 225B.3.

Allocates \$48,556 to the Prevention of Disabilities Policy Council.

DETAIL: This is a decrease of \$8,444 compared to the FY 2009 allocation for a general reduction.

49 4 2. The department shall report at least monthly to the  
 49 5 legislative services agency concerning the department's  
 49 6 operational and program expenditures.

Requires the DHS to submit monthly expenditure reports to the LSA.

DETAIL: This was also a requirement for FY 2009.

49 7 3. Notwithstanding provisions to the contrary in chapter  
 49 8 217, if necessary to address funding reductions in general  
 49 9 administration and field operations, the department may  
 49 10 propose and implement reorganization of the departmental  
 49 11 administration and field operations during the fiscal year  
 49 12 beginning July 1, 2009. At least 30 calendar days prior to  
 49 13 implementation of any reorganization, the department shall  
 49 14 submit a detailed proposal for the reorganization to the  
 49 15 chairpersons and ranking members of the joint appropriations  
 49 16 subcommittee on health and human services, the department of  
 49 17 management, and the persons designated by this division of

CODE: Permits the Department of Human Services to implement reorganization of service delivery beginning in FY 2010 only after notifying the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, the Department of Management, and the Legislative Services Agency for review and comment of any proposal to reorganize.

VETOED: The Governor vetoed this Section and stated that it infringes on the Executive Branch's duties to administer operations and programs.

49 18 this Act for submission of reports, to provide an opportunity  
 49 19 for review, and comment, and possible revision of the  
 49 20 proposal.

49 21 4. The department shall adopt rules pursuant to chapter  
 49 22 17A establishing standards for childrens centers under section  
 49 23 237B.1, as amended by this Act.

Requires the Department of Human Services to adopt administrative rules to establish standards for children's centers.

49 24 Sec. 29. VOLUNTEERS. There is appropriated from the  
 49 25 general fund of the state to the department of human services  
 49 26 for the fiscal year beginning July 1, 2009, and ending June  
 49 27 30, 2010, the following amount, or so much thereof as is  
 49 28 necessary, to be used for the purpose designated:  
 49 29 For development and coordination of volunteer services:  
 49 30 ..... \$ 94,067

General Fund appropriation to the DHS for the development and coordination of the Volunteer Services Program.

DETAIL: This is a decrease of \$11,650 compared to the estimated net FY 2009 appropriation to implement an across-the-board reduction of 11.01% for Volunteers for FY 2010.

49 31 Sec. 30. FAMILY PLANNING SERVICES. There is appropriated  
 49 32 from the general fund of the state to the department of human  
 49 33 services for the fiscal year beginning July 1, 2009, and  
 49 34 ending June 30, 2010, the following amount or so much thereof  
 49 35 as is necessary, to be used for the purpose designated:  
 50 1 For family planning services to individuals with incomes  
 50 2 not to exceed 200 percent of the federal poverty level as  
 50 3 defined by the most recently revised income guidelines  
 50 4 published by the United States department of health and human  
 50 5 services, who are not currently receiving the specific benefit  
 50 6 under the medical assistance program:  
 50 7 ..... \$ 10,000

General Fund appropriation to the DHS for Family Planning Services.

DETAIL. This is a decrease of \$728,750 compared to the estimated net FY 2009 appropriation.

50 8 Moneys appropriated under this section shall not be used to  
 50 9 provide abortions. The department shall work with appropriate  
 50 10 stakeholders to implement and administer the program.

Prohibits Family Planning funding from being used for abortions. Requires the DHS to work with stakeholders to implement the program.

50 11 Sec. 31. PREGNANCY COUNSELING AND SUPPORT SERVICES PROGRAM

General Fund appropriation to the DHS for Pregnancy Counseling and

50 12 == APPROPRIATION. There is appropriated from the general fund  
 50 13 of the state to the department of human services for the  
 50 14 fiscal year beginning July 1, 2009, and ending June 30, 2010,  
 50 15 the following amount or so much thereof as is necessary for  
 50 16 the purpose designated:  
 50 17 For a pregnancy counseling and support services program as  
 50 18 specified in this section:  
 50 19 ..... \$ 100,000

Support Services.

DETAIL. This is a decrease of \$97,000 compared to the estimated net FY 2009 appropriation.

50 20 The department of human services shall continue the  
 50 21 pregnancy counseling and support services program to provide  
 50 22 core services consisting of information, education,  
 50 23 counseling, and support services to women who experience  
 50 24 unplanned pregnancies by supporting childbirth, assisting  
 50 25 pregnant women in remaining healthy and maintaining a healthy  
 50 26 pregnancy while deciding whether to keep the child or place  
 50 27 the child for adoption, and assisting women after the birth of  
 50 28 a child that was implemented pursuant to 2008 Iowa Acts,  
 50 29 chapter 1187, section 30.

Requires the DHS to establish a Pregnancy Counseling and Support Services Program to provide services, information, education, counseling, and support to women that experience unplanned pregnancies.

50 30 Sec. 32. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY  
 50 31 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER  
 THE

Caps nursing facility reimbursements at \$146,803,575 and requires the DHS to adjust the inflation factor in the case-mix reimbursement rate if expenditures exceed the cap.

50 32 DEPARTMENT OF HUMAN SERVICES.

50 33 1. a. (1) For the fiscal year beginning July 1, 2009,  
 50 34 the total state funding amount for the nursing facility budget  
 50 35 shall not exceed \$146,803,575.

DETAIL: This is a decrease of \$36,563,748 compared to the FY 2009 cap. The decrease reflects a 6.20% FMAP increase in the federal American Recovery and Reinvestment Act of 2009. There is no change in the overall rate for nursing facilities compared to FY 2009. The federal government is now paying for a greater percentage of the costs.

51 1 (2) For the fiscal year beginning July 1, 2009, the  
 51 2 department shall rebase case=mix nursing facility rates.  
 51 3 However, total nursing facility budget expenditures, including  
 51 4 both case=mix and noncase=mix shall not exceed the amount  
 51 5 specified in subparagraph (1). When calculating case=mix per  
 51 6 diem cost and the patient=day=weighted medians used in  
 51 7 rate=setting for nursing facilities effective July 1, 2009,  
 51 8 the inflation factor applied from the midpoint of the cost  
 51 9 report period to the first day of the state fiscal year rate

NOTE: Section 73 of HF 820 (FY 2010 Federal Funds Appropriations Act) amends the nursing facility cap to add an additional \$6,000,000 for rebasing.



51 10 period shall be adjusted to maintain state funding within the  
51 11 amount specified in subparagraph (1).  
51 12 (3) The department, in cooperation with nursing facility  
51 13 representatives, shall review projections for state funding  
51 14 expenditures for reimbursement of nursing facilities on a  
51 15 quarterly basis and the department shall determine if an  
51 16 adjustment to the medical assistance reimbursement rate is  
51 17 necessary in order to provide reimbursement within the state  
51 18 funding amount. Any temporary enhanced federal financial  
51 19 participation that may become available to the Iowa medical  
51 20 assistance program during the fiscal year shall not be used in  
51 21 projecting the nursing facility budget. Notwithstanding 2001  
51 22 Iowa Acts, chapter 192, section 4, subsection 2, paragraph  
51 23 "c", and subsection 3, paragraph "a", subparagraph (2), if the  
51 24 state funding expenditures for the nursing facility budget for  
51 25 the fiscal year beginning July 1, 2009, are projected to  
51 26 exceed the amount specified in subparagraph (1), the  
51 27 department shall adjust the reimbursement for nursing  
51 28 facilities reimbursed under the case=mix reimbursement system  
51 29 to maintain expenditures of the nursing facility budget within  
51 30 the specified amount. The department shall revise such  
51 31 reimbursement as necessary to adjust the annual accountability  
51 32 measures payment in accordance with 2001 Iowa Acts, chapter  
51 33 192, section 4, subsection 4, as amended by 2008 Iowa Acts,  
51 34 chapter 1187, section 33, and as amended by this Act.

51 35 b. For the fiscal year beginning July 1, 2009, the  
52 1 department shall reimburse pharmacy dispensing fees using a  
52 2 single rate of \$4.57 per prescription or the pharmacy's usual  
52 3 and customary fee, whichever is lower.

Requires a reimbursement rate of \$4.57 per prescription for pharmacist services using a single dispensing fee or the usual and customary fee, whichever is lower.

DETAIL: Maintains the FY 2009 reimbursement rate.

52 4 c. (1) For the fiscal year beginning July 1, 2009,  
52 5 reimbursement rates for outpatient hospital services shall  
52 6 remain at the rates in effect on June 30, 2009.

Requires the rate of reimbursement for outpatient services to remain the same as the FY 2009 reimbursement rate.

52 7 (2) For the fiscal year beginning July 1, 2009,

Requires the rate of reimbursement for inpatient services to remain

52 8 reimbursement rates for inpatient hospital services shall	the same as the FY 2009 reimbursement rate.
52 9 remain at the rates in effect on June 30, 2009. The Iowa	
52 10 hospital association shall submit information to the general	DETAIL: The Iowa Hospital Association is required to submit
52 11 assembly's standing committees on government oversight during	information to the Government Oversight Committee regarding
52 12 the 2010 session of the general assembly regarding actions	actions taken to increase compensation for direct care hospital staff.
52 13 taken to increase compensation and other costs of employment	
52 14 for hospital staff who provide direct care to patients.	
52 15 (3) For the fiscal year beginning July 1, 2009, the	Requires the rate of reimbursement for graduate medical education
52 16 graduate medical education and disproportionate share hospital	and disproportionate share hospital fund to remain the same as the
52 17 fund shall remain at the amount in effect on June 30, 2009.	FY 2009 reimbursement rate.
52 18 (4) In order to ensure the efficient use of limited state	Requires funds appropriated for hospital activities to be used for
52 19 funds in procuring health care services for low-income Iowans,	activities pursuant to the federal Medicare program.
52 20 funds appropriated in this Act for hospital services shall not	
52 21 be used for activities which would be excluded from a	
52 22 determination of reasonable costs under the federal Medicare	
52 23 program pursuant to 42 U.S.C. 1395X(v)(1)(N).	
52 24 d. For the fiscal year beginning July 1, 2009,	Requires rural health clinics, hospice services, and acute mental
52 25 reimbursement rates for rural health clinics, hospices,	hospitals to be reimbursed at the rate established under the federal
52 26 independent laboratories, rehabilitation agencies, and acute	Medicare Program for FY 2010.
52 27 mental hospitals shall be increased in accordance with	
52 28 increases under the federal Medicare program or as supported	
52 29 by their Medicare audited costs.	
52 30 e. For the fiscal year beginning July 1, 2009,	Requires rates to home health agencies to remain at the rate in effect
52 31 reimbursement rates for home health agencies shall remain at	June 30, 2009.
52 32 the rates in effect on June 30, 2009, not to exceed a home	
52 33 health agency's actual allowable cost.	
52 34 f. For the fiscal year beginning July 1, 2009, federally	Requires the DHS to reimburse federally qualified health centers for
52 35 qualified health centers shall receive cost-based	100.00% of the reasonable costs for provision of services to Medical
53 1 reimbursement for 100 percent of the reasonable costs for the	Assistance Program recipients.

53 2 provision of services to recipients of medical assistance.

53 3 g. For the fiscal year beginning July 1, 2009, the  
53 4 reimbursement rates for dental services shall remain at the  
53 5 rates in effect on June 30, 2009.

Requires the FY 2010 reimbursement rates for dental services to remain at the rate in effect June 30, 2009.

53 6 h. Unless legislation is enacted by the Eighty-third  
53 7 General Assembly, 2009 Session, adjusting such rates, for the  
53 8 fiscal year beginning July 1, 2009, the maximum reimbursement  
53 9 rate for psychiatric medical institutions for children shall  
53 10 be \$167.19 per day.

Caps the FY 2010 reimbursement rate for psychiatric medical institutions for children (PMICs) at \$167.19 per day.

DETAIL: Maintains the FY 2009 reimbursement rate.

53 11 i. For the fiscal year beginning July 1, 2009, unless  
53 12 otherwise specified in this Act, all noninstitutional medical  
53 13 assistance provider reimbursement rates shall remain at the  
53 14 rates in effect on June 30, 2009, except for area education  
53 15 agencies, local education agencies, infant and toddler  
53 16 services providers, and those providers whose rates are  
53 17 required to be determined pursuant to section 249A.20.

Requires the FY 2010 reimbursement rates for all non-institutional Medical Assistance providers, with specified exceptions, to remain at FY 2009 rates.

53 18 j. Notwithstanding any provision to the contrary, for the  
53 19 fiscal year beginning July 1, 2009, the reimbursement rate for  
53 20 anesthesiologists shall remain at the rate in effect on June  
53 21 30, 2009.

CODE: Requires the FY 2010 reimbursement rates for Anesthesiologists to remain at the rate in effect June 30, 2009.

53 22 k. Notwithstanding section 249A.20, for the fiscal year  
53 23 beginning July 1, 2009, the average reimbursement rate for  
53 24 health care providers eligible for use of the federal Medicare  
53 25 resource-based relative value scale reimbursement methodology  
53 26 under that section shall remain at the rate in effect on June  
53 27 30, 2009; however, this rate shall not exceed the maximum  
53 28 level authorized by the federal government.

CODE: Requires the FY 2010 rates for health providers eligible for the average rate reimbursement to remain at the rate in effect June 30, 2009.

53 29 l. For the fiscal year beginning July 1, 2009, the

Requires the reimbursement rates for residential care facilities to be

53 30 reimbursement rate for residential care facilities shall not  
53 31 be less than the minimum payment level as established by the  
53 32 federal government to meet the federally mandated maintenance  
53 33 of effort requirement. The flat reimbursement rate for  
53 34 facilities electing not to file semiannual cost reports shall  
53 35 not be less than the minimum payment level as established by  
54 1 the federal government to meet the federally mandated  
54 2 maintenance of effort requirement.

no less than the minimum payment level required to meet the federal Maintenance of Effort requirement.

54 3 m. For the fiscal year beginning July 1, 2009, inpatient  
54 4 mental health services provided at hospitals shall be  
54 5 reimbursed at the cost of the services, subject to Medicaid  
54 6 program upper payment limit rules; community mental health  
54 7 centers and providers of mental health services to county  
54 8 residents pursuant to a waiver approved under section 225C.7,  
54 9 subsection 3, shall be reimbursed at 100 percent of the  
54 10 reasonable costs for the provision of services to recipients  
54 11 of medical assistance; and psychiatrists shall be reimbursed  
54 12 at the medical assistance program fee for service rate.

Requires the FY 2010 reimbursement rate for inpatient mental health services at hospitals to be set at 100.00% of costs.

54 13 n. For the fiscal year beginning July 1, 2009, the  
54 14 reimbursement rate for consumer-directed attendant care shall  
54 15 remain at the rates in effect on June 30, 2009.

Requires the FY 2010 reimbursement rates for Consumer-Directed Attendant Care to remain at the rate in effect June 30, 2009.

54 16 o. For the fiscal year beginning July 1, 2009, the  
54 17 reimbursement rate for providers of family planning services  
54 18 that are eligible to receive a 90 percent federal match shall  
54 19 be increased by 5 percent above the rates in effect on June  
54 20 30, 2009.

Requires the FY 2010 reimbursement rates for Family Planning Services be increased by 5.00% compared to the rates in effect June 30, 2009.

54 21 2. For the fiscal year beginning July 1, 2009, the  
54 22 reimbursement rate for providers reimbursed under the in=  
54 23 home-related care program shall not be less than the minimum  
54 24 payment level as established by the federal government to meet  
54 25 the federally mandated maintenance of effort requirement.

Establishes the maximum FY 2010 reimbursement rate for in-home health-related care providers at the minimum payment level established by the federal government.

54 26 3. Unless otherwise directed in this section, when the  
54 27 department's reimbursement methodology for any provider  
54 28 reimbursed in accordance with this section includes an  
54 29 inflation factor, this factor shall not exceed the amount by  
54 30 which the consumer price index for all urban consumers  
54 31 increased during the calendar year ending December 31, 2002.

Specifies that when the required reimbursement methodology for providers under this Section includes an inflation factor, the factor cannot exceed the increase in the Consumer Price Index (CPI) for Urban Consumers for the calendar year ending December 31, 2002.

54 32 4. For the fiscal year beginning July 1, 2009,  
54 33 notwithstanding section 234.38, the foster family basic daily  
54 34 maintenance rate, the maximum adoption subsidy rate, and the  
54 35 maximum supervised apartment living foster care rate, and the  
55 1 preparation for adult living program maintenance rate for  
55 2 children ages 0 through 5 years shall be \$16.36, the rate for  
55 3 children ages 6 through 11 years shall be \$17.01, the rate for  
55 4 children ages 12 through 15 years shall be \$18.62, and the  
55 5 rate for children and young adults ages 16 and older shall be  
55 6 \$18.87.

CODE: Provides the daily family foster care rates and the maximum adoption subsidy rates for children by age range for FY 2010.

DETAIL: The FY 2010 rates are the same as the FY 2009 rates. Permits the reimbursement to be less than the statutory requirement of 65.00% of the United States Department of Agriculture cost to raise a child. The provision is for FY 2010 only.

55 7 5. For the fiscal year beginning July 1, 2009, the maximum  
55 8 reimbursement rates for social services providers reimbursed  
55 9 under a purchase of social services contract shall remain at  
55 10 the rates in effect on June 30, 2009, or the provider's actual  
55 11 and allowable cost plus inflation for each service, whichever  
55 12 is less. However, the rates may be adjusted under any of the  
55 13 following circumstances:  
55 14 a. If a new service was added after June 30, 2009, the  
55 15 initial reimbursement rate for the service shall be based upon  
55 16 actual and allowable costs.  
55 17 b. If a social service provider loses a source of income  
55 18 used to determine the reimbursement rate for the provider, the  
55 19 provider's reimbursement rate may be adjusted to reflect the  
55 20 loss of income, provided that the lost income was used to  
55 21 support actual and allowable costs of a service purchased  
55 22 under a purchase of service contract.

Requires the maximum reimbursement rates for social service providers, including the Resource Family Recruitment and Retention Contractor, to be the same rate as provided in FY 2009, and provides for circumstances when the rates may be adjusted.

55 23 6. For the fiscal year beginning July 1, 2009, the

Maintains foster care reimbursement rates for specified providers in

55 24 reimbursement rates for family-centered service providers,  
55 25 family foster care service providers, group foster care  
55 26 service providers, and the resource family recruitment and  
55 27 retention contractor shall remain at the rates in effect on  
55 28 June 30, 2009.

FY 2010 at the same level as FY 2009.

55 29 7. The group foster care reimbursement rates paid for  
55 30 placement of children out of state shall be calculated  
55 31 according to the same rate-setting principles as those used  
55 32 for in-state providers, unless the director of human services  
55 33 or the director's designee determines that appropriate care  
55 34 cannot be provided within the state. The payment of the daily  
55 35 rate shall be based on the number of days in the calendar  
56 1 month in which service is provided.

Requires the group foster care reimbursement rates paid for placement of children out-of-state to be calculated according to the same rate-setting principles as those used for in-state providers, unless the Director of the DHS determines that appropriate care cannot be provided in the State. Also, requires payment of the daily rate to be based on the number of days in the calendar month that service is provided.

56 2 8. For the fiscal year beginning July 1, 2009, remedial  
56 3 service providers shall receive the same level of  
56 4 reimbursement under the same methodology in effect on June 30,  
56 5 2009.

Requires the FY 2010 child welfare remedial service providers to be reimbursed under the FY 2009 methodology.

56 6 9. a. For the fiscal year beginning July 1, 2009, the  
56 7 combined service and maintenance components of the  
56 8 reimbursement rate paid for shelter care services and  
56 9 alternative child welfare emergency services purchased under a  
56 10 contract shall be based on the financial and statistical  
56 11 report submitted to the department. The maximum reimbursement  
56 12 rate shall be \$92.36 per day. The department shall reimburse  
56 13 a shelter care provider at the provider's actual and allowable  
56 14 unit cost, plus inflation, not to exceed the maximum  
56 15 reimbursement rate.

Requires the FY 2010 combined service and maintenance components of the reimbursement rate paid to shelter care providers to be based on the cost report submitted to the DHS. Also, requires a maximum reimbursement rate of \$92.36 per day, and requires the DHS to reimburse shelter care providers at the actual and allowable unit cost, plus inflation, not to exceed the maximum reimbursement rate.

DETAIL: This maintains the rate received in FY 2009.

56 16 b. Notwithstanding section 232.141, subsection 8, for the  
56 17 fiscal year beginning July 1, 2009, the amount of the  
56 18 statewide average of the actual and allowable rates for  
56 19 reimbursement of juvenile shelter care homes that is utilized

CODE: Maintains the limit of the Statewide average reimbursement rates paid to shelter care providers that was received in FY 2009. This impacts the amount of charges that are reimbursed.

56 20 for the limitation on recovery of unpaid costs shall remain at  
56 21 the amount in effect for this purpose in the preceding fiscal  
56 22 year.

56 23 10. For the fiscal year beginning July 1, 2009, the  
56 24 department shall calculate reimbursement rates for  
56 25 intermediate care facilities for persons with mental  
56 26 retardation at the 80th percentile. For the fiscal year  
56 27 beginning July 1, 2009, notwithstanding any provision to the  
56 28 contrary, the rate calculation methodology shall utilize a 3  
56 29 percent consumer price index inflation factor. However,  
56 30 beginning July 1, 2010, the rate calculation methodology shall  
56 31 utilize the consumer price index inflation factor applicable  
56 32 to the fiscal year beginning July 1, 2010.

Requires the DHS to calculate reimbursement rates for intermediate care facilities for persons with mental retardation (ICF/MRs) at the 80th percentile for FY 2010 and calculates the inflation factor for ICF/MRs at 3.00% for FY 2010.

DETAIL: The consumer price index that is normally used to calculate the inflation factor is less than the amount budgeted for FY 2010. The legislation changes the inflation factor to the budgeted number. This change is for FY 2010 only.

56 33 11. For the fiscal year beginning July 1, 2009, for child  
56 34 care providers reimbursed under the state child care  
56 35 assistance program, the department shall set provider  
57 1 reimbursement rates based on the rate reimbursement survey  
57 2 completed in December 2004. Effective July 1, 2009, the child  
57 3 care provider reimbursement rates shall remain at the rates in  
57 4 effect on June 30, 2009. The department shall set rates in a  
57 5 manner so as to provide incentives for a nonregistered  
57 6 provider to become registered by applying the increase only to  
57 7 registered and licensed providers.

Requires the DHS to set FY 2010 provider reimbursement rates for child care providers based on the rate reimbursement survey completed in December 2004. Requires rates to be set in a manner that will provide incentives for non-registered providers to become registered.

57 8 12. For the fiscal year beginning July 1, 2009,  
57 9 reimbursements for providers reimbursed by the department of  
57 10 human services may be modified if appropriated funding is  
57 11 allocated for that purpose from the senior living trust fund  
57 12 created in section 249H.4.

Specifies that FY 2010 reimbursements for providers reimbursed by the DHS may be modified if appropriated funding is allocated for that purpose from the Senior Living Trust Fund.

57 13 13. The department may adopt emergency rules to implement  
57 14 this section.

Permits the DHS to adopt emergency rules to implement these reimbursements.

57 15 Sec. 33. 2001 Iowa Acts, chapter 192, section 4,  
57 16 subsection 4, as amended by 2008 Iowa Acts, chapter 1187,  
57 17 section 33, is amended by striking the subsection, and  
57 18 inserting in lieu thereof the following:  
57 19 4. NURSING FACILITY PAY=FOR=PERFORMANCE.  
57 20 a. It is the intent of the general assembly that the  
57 21 department of human services initiate a system to recognize  
57 22 nursing facilities that provide quality of life and  
57 23 appropriate access to medical assistance program beneficiaries  
57 24 in a cost=effective manner.  
57 25 b. The department shall design and implement a program to  
57 26 establish benchmarks and to collect data for these benchmarks  
57 27 to evaluate nursing facility performance and to adjust the  
57 28 program and benchmarks, accordingly, to recognize improvement.  
57 29 The program shall include procedures to provide a  
57 30 pay=for=performance payment based upon a nursing facility's  
57 31 achievement of multiple favorable outcomes as determined by  
57 32 these benchmarks. Any increased reimbursement shall not  
57 33 exceed 5 percent of the sum of the direct and nondirect care  
57 34 medians. The increased reimbursement shall be included in the  
57 35 calculation of nursing facility modified price=based payment  
58 1 rates with the exception of Medicare=certified hospital=based  
58 2 nursing facilities, state=operated nursing facilities, and  
58 3 special population nursing facilities. The increased  
58 4 reimbursement shall be applicable to the payment periods  
58 5 beginning July 1, 2009.  
58 6 c. It is the intent of the general assembly that any  
58 7 pay=for=performance payments to nursing facilities be used to  
58 8 support direct care staff through increased wages, enhanced  
58 9 benefits, and expanded training opportunities and that all  
58 10 pay=for=performance payments be used in a manner that improves  
58 11 and enhances quality of care for residents.  
58 12 d. The program shall include various levels of compliance  
58 13 in order for a nursing facility to be considered eligible for  
58 14 a pay=for=performance payment including:  
58 15 (1) The initial meeting of prerequisites including all of  
58 16 the following:

CODE: Implements new nursing facility pay-for-performance measures that reward facilities for quality of care, quality of life, and efficiency standards.

DETAIL: A total of \$2,276,000 is currently allocated for this program under the Medicaid appropriation.



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58 17 (a) A nursing facility shall not be eligible to  
58 18 participate if during the payment period the nursing facility  
58 19 receives a deficiency resulting in actual harm or immediate  
58 20 jeopardy, pursuant to the federal certification guidelines at  
58 21 an H level scope and severity or higher, regardless of the  
58 22 amount of fines assessed.

58 23 (b) The pay=for=performance payment component shall be  
58 24 suspended for any month the nursing facility is in denial of  
58 25 payment for new admissions status.

58 26 (2) Monitoring for nursing facility compliance with  
58 27 program requirements including:

58 28 (a) Survey compliance during the payment period. If a  
58 29 nursing facility receives a deficiency resulting in actual  
58 30 harm pursuant to the federal certification guidelines at a G  
58 31 level scope and severity or higher, the payment shall be  
58 32 reduced by 25 percent for each such deficiency received during  
58 33 the state fiscal year. Additionally, if the nursing facility  
58 34 fails to cure any deficiency cited within the time required by  
58 35 the department of inspections and appeals, the payment shall  
59 1 be forfeited and the nursing facility shall not receive any  
59 2 payment for that payment period.

59 3 (b) Compliance with the use of the pay=for=performance  
59 4 payment received.

59 5 (c) Establishing and utilizing a tracking and reporting  
59 6 system to document the use of the pay=for=performance payments  
59 7 by the nursing facility.

59 8 (3) Use of measures based on the four domains of quality  
59 9 of life, quality of care, access, and efficiency.

59 10 e. (1) The department shall utilize cost reports or other  
59 11 means to document nursing facility eligibility for and  
59 12 compliance with the pay=for=performance payments.

59 13 (2) The department shall publish the results of the  
59 14 measures for which a nursing facility qualifies and the amount  
59 15 of any pay=for=performance payment received. The department  
59 16 shall also publish information regarding the use of the  
59 17 pay=for=performance payments by any nursing facility receiving  
59 18 such payment.

59 19 f. The department may adopt emergency rules to implement

59 20 this subsection.

59 21 g. The department shall request any medical assistance  
59 22 state plan amendment necessary to implement the  
59 23 pay=for=performance payment methodology.

59 24 h. It is the intent of the general assembly that the  
59 25 department of human services continue to convene the workgroup  
59 26 established pursuant to 2008 Iowa Acts, chapter 1187, section  
59 27 33, to develop recommendations to design a quality improvement  
59 28 process for targeted nursing facilities for implementation in  
59 29 the fiscal year beginning July 1, 2010. Recommendations shall  
59 30 include a process that identifies the best practices used in  
59 31 facilities receiving pay=for=performance payment and creates a  
59 32 system to assist other nursing facilities in the  
59 33 implementation of those best practices.

Requires the DHS to continue to convene the long-term care stakeholders workgroup to develop recommendations on quality of care improvement and implementation.

59 34 Sec. 34. EMERGENCY RULES.

59 35 1. If specifically authorized by a provision of this  
60 1 division of this Act, the department of human services or the  
60 2 mental health, mental retardation, developmental disabilities,  
60 3 and brain injury commission may adopt administrative rules  
60 4 under section 17A.4, subsection 2, and section 17A.5,  
60 5 subsection 2, paragraph "b", to implement the provisions and  
60 6 the rules shall become effective immediately upon filing or on  
60 7 a later effective date specified in the rules, unless the  
60 8 effective date is delayed by the administrative rules review  
60 9 committee. Any rules adopted in accordance with this section  
60 10 shall not take effect before the rules are reviewed by the  
60 11 administrative rules review committee. The delay authority  
60 12 provided to the administrative rules review committee under  
60 13 section 17A.4, subsection 5, and section 17A.8, subsection 9,  
60 14 shall be applicable to a delay imposed under this section,  
60 15 notwithstanding a provision in those sections making them  
60 16 inapplicable to section 17A.5, subsection 2, paragraph "b".  
60 17 Any rules adopted in accordance with the provisions of this  
60 18 section shall also be published as notice of intended action

Permits the Department of Human Services and the Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury Commission to adopt emergency rules when authorized.

60 19 as provided in section 17A.4.

60 20 2. If during the fiscal year beginning July 1, 2009, the  
60 21 department of human services is adopting rules in accordance  
60 22 with this section or as otherwise directed or authorized by  
60 23 state law, and the rules will result in an expenditure  
60 24 increase beyond the amount anticipated in the budget process  
60 25 or if the expenditure was not addressed in the budget process  
60 26 for the fiscal year, the department shall notify the persons  
60 27 designated by this division of this Act for submission of  
60 28 reports, the chairpersons and ranking members of the  
60 29 committees on appropriations, and the department of management  
60 30 concerning the rules and the expenditure increase. The  
60 31 notification shall be provided at least 30 calendar days prior  
60 32 to the date notice of the rules is submitted to the  
60 33 administrative rules coordinator and the administrative code  
60 34 editor.

Requires the Department of Human Services to report to the Chairpersons and Ranking Members of the Appropriation Committees, the Legislative Services Agency, and the Department of Management at least 30 days prior to submitting rules that will have a fiscal impact that was not addressed in the budget process.

60 35 Sec. 35. DEPARTMENTAL EFFICIENCIES == BUDGET REDUCTIONS.

61 1 The departments of elder affairs, public health, human  
61 2 services, and veterans affairs shall develop a plan to  
61 3 maximize efficiencies to reduce their respective FY 2009=2010  
61 4 budgets by five percent beginning in FY 2010=2011. The  
61 5 departments shall collaborate to the extent appropriate to  
61 6 accomplish such reductions. The departments shall report  
61 7 their plans for maximizing efficiencies and reducing their  
61 8 budgets to the individuals specified in this Act to receive  
61 9 reports by December 15, 2009.

Requires the Departments of Elder Affairs, Public Health, Human Services, and Veterans Affairs to develop a plan to maximize efficiencies and reduce their budget by 5.00% beginning in FY 2011. Requires a report to the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and Legislative Services Agency by December 15, 2009.

VETOED: The Governor vetoed this Section and stated that a budget process is already established in statute that starts with the Executive Branch and this language infringes on the Executive Branch's duties to develop the State budget.

61 10 Sec. 36. FULL=TIME EQUIVALENT POSITIONS == REDUCTIONS.

61 11 The director of the department or state agency to which  
61 12 appropriations are made pursuant to this division of this Act,  
61 13 in making any reductions in full=time equivalent positions,  
61 14 shall, to the greatest extent possible, retain those positions  
61 15 providing direct services to the public.

Requires the Directors receiving funds under this Act to retain positions providing direct services to the public, to the extent possible.

61 16 Sec. 37. EXPENSE REIMBURSEMENT == REQUIREMENTS.  
61 17 Notwithstanding any provision to the contrary, for the fiscal  
61 18 year beginning July 1, 2009, and ending June 30, 2010, the  
61 19 director of a department or state agency to which  
61 20 appropriations are made pursuant to the provisions of this Act  
61 21 shall require employees, in order to receive reimbursement for  
61 22 expense, to submit actual receipts for meals and other costs.  
61 23 Reimbursement up to the maximum amount shall only be allowed  
61 24 in an amount equal to the sum of the actual receipts  
61 25 submitted.

CODE: Requires State employees to submit receipts to receive reimbursement for meal costs for FY 2010.

DETAIL: This provision applies to departments and agencies receiving appropriations in this Act.

VETOED: The Governor vetoed this Section and stated that this language would be difficult to administer because similar language has not been consistently required for all State agencies or the Legislative Branch. The Governor issued Executive Order 13 to require the DAS to implement a policy that will require every Executive Branch agency to institute cost-effective and transparent practices that will track reimbursements paid to State employees for meals, travel, and other work-related costs.

61 26 Sec. 38. OUT=OF=STATE TRAVEL == RESTRICTIONS.  
61 27 Notwithstanding any provision to the contrary, for the fiscal  
61 28 year beginning July 1, 2009, and ending June 30, 2010,  
61 29 out-of-state travel by an employee of a department or state  
61 30 agency to which appropriations are made pursuant to this Act  
61 31 shall not be authorized unless the executive council  
61 32 authorizes the travel as necessary for the performance of  
61 33 official state business.

CODE: Requires all out-of-state travel for FY 2010 to be authorized by the Executive Council.

DETAIL: This provision applies to departments and agencies receiving appropriations in this Act.

VETOED: The Governor vetoed this Section and stated that subjecting the University of Iowa Hospitals and Clinics to this provision is not in the best interests of providing emergency medical care or patients.

61 34 Sec. 39. LEAN GOVERNMENT EXCHANGE. Beginning July 1,  
61 35 2009, the department of human services shall participate in  
62 1 the lean government exchange through consultation with the  
62 2 department of management, office of lean enterprise, to  
62 3 improve the speed and efficiency of departmental and program  
62 4 processes by eliminating waste. The department shall  
62 5 initially apply this methodology to general administration.  
62 6 The department shall submit periodic progress reports  
62 7 regarding such implementation to the persons designated by  
62 8 this division of this Act for submission of reports.

Requires the Department of Human Services to participate in the lean government exchange in consultation with the Department of Management.

62 9 Sec. 40. PHARMACY=RELATED ISSUES == INTERIM.

Requests that the Legislative Council establish an interim study

62 10 1. The legislative council is requested to establish a  
 62 11 legislative study committee for the 2009 interim to identify  
 62 12 strategies and solutions to address problems arising from  
 62 13 inappropriate medication use in the health care system.  
 62 14 2. The study committee shall consist of members of the  
 62 15 general assembly, and representatives of the department of  
 62 16 public health, the Iowa pharmacy association, the Iowa medical  
 62 17 society, the Iowa nurses association, wellmark blue cross blue  
 62 18 shield, the principal financial group, the university of Iowa  
 62 19 college of public health, the Iowa retail federation, the  
 62 20 prevention and chronic care management advisory council  
 62 21 established in section 135.161, the medical home system  
 62 22 advisory council established in section 135.159, the Iowa  
 62 23 healthcare collaborative, as defined in section 135.40, the  
 62 24 health policy corporation of Iowa, and the Iowa foundation for  
 62 25 medical care.  
 62 26 3. The study committee shall document the extent and  
 62 27 causes of medication use problems and examine potential  
 62 28 solutions including medication therapy management programs,  
 62 29 evidence-based prescriber education programs, clinical  
 62 30 pharmacy services in the primary medical home, collaborative  
 62 31 practice models of care, and quality and performance-based  
 62 32 payment systems.  
 62 33 4. The study committee shall submit a report of its  
 62 34 findings and recommendations to the general assembly for  
 62 35 consideration during the 2010 legislative session.

committee for pharmacy-related issues. If established, the committee will report to the General Assembly during the 2010 Legislative Session.

NOTE: Senate File 478 (FY 2010 Standing Appropriations Act) amends the insurance industry membership for this committee if established. Representatives from the Federation of Iowa Insurers were added and representatives from Blue Cross Blue Shield and the Principal Financial Group were removed.

63 1 Sec. 41. REPORTS. Any reports or information required to  
 63 2 be compiled and submitted under this Act shall be submitted to  
 63 3 the chairpersons and ranking members of the joint  
 63 4 appropriations subcommittee on health and human services, the  
 63 5 legislative services agency, and the legislative caucus staffs  
 63 6 on or before the dates specified for submission of the reports  
 63 7 or information.

Specifies any reports required by this Act to be submitted to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the Legislative Services Agency.

63 8 Sec. 42. EFFECTIVE DATE. The following provisions of this

The provision requiring representatives of the DHS and juvenile court services to collaborate regarding group foster care expenditures is

63 9 division of this Act, being deemed of immediate importance,  
 63 10 take effect upon enactment:  
 63 11 The provision under the appropriation for child and family  
 63 12 services, relating to requirements of section 232.143 for  
 63 13 representatives of the department of human services and  
 63 14 juvenile court services to establish a plan for continuing  
 63 15 group foster care expenditures for fiscal year 2009=2010.

effective on enactment.

63 16 DIVISION II  
 63 17 SENIOR LIVING TRUST FUND,  
 63 18 PHARMACEUTICAL SETTLEMENT ACCOUNT,  
 63 19 IOWACARE ACCOUNT, AND HEALTH CARE  
 63 20 TRANSFORMATION ACCOUNT

63 21 Sec. 43. DEPARTMENT OF ELDER AFFAIRS. There is  
 63 22 appropriated from the senior living trust fund created in  
 63 23 section 249H.4 to the department of elder affairs for the  
 63 24 fiscal year beginning July 1, 2009, and ending June 30, 2010,  
 63 25 the following amount, or so much thereof as is necessary, to  
 63 26 be used for the purpose designated:  
 63 27 For the development and implementation of a comprehensive  
 63 28 senior living program, including case management only if the  
 63 29 monthly cost per client for case management for the frail  
 63 30 elderly services provided does not exceed the amount specified  
 63 31 in this section, and including program administration and  
 63 32 costs associated with implementation:  
 63 33 ..... \$ 8,486,698

Senior Living Trust Fund appropriation to the Department of Elder Affairs.

DETAIL: Maintains the current level of funding.

63 34 1. a. Of the funds appropriated in this section,  
 63 35 \$1,010,000 shall be transferred to the department of human  
 64 1 services in equal amounts on a quarterly basis for  
 64 2 reimbursement of case management services provided under the  
 64 3 medical assistance elderly waiver.

Requires \$1,010,000 to be transferred to the DHS, in equal amounts on a quarterly basis, for reimbursement under the Medicaid Elderly Waiver.

DETAIL: Maintains the current allocation and transfer levels.

64 4 b. The monthly cost per client for case management for the

Sets the maximum cost per client at \$70.00 per member, per month.

64 5 frail elderly services provided shall not exceed an average of  
64 6 \$70. However, if the department of human services adopts  
64 7 administrative rules revising the reimbursement methodology to  
64 8 include 15 minute units, 24=hour on=call, and other  
64 9 requirements consistent with federal regulations, the \$70  
64 10 monthly cap shall be eliminated and replaced with a quarterly  
64 11 projection of expenditures and reimbursement revisions  
64 12 necessary to maintain expenditures within the amounts budgeted  
64 13 under the appropriations made for the fiscal year for the  
64 14 medical assistance program.

If the Department of Human Services adopts rules to revise the reimbursement methodology for case management, the \$70.00 cap is eliminated.

64 15 c. The department of human services shall review  
64 16 projections for state funding expenditures for reimbursement  
64 17 of case management services under the medical assistance  
64 18 elderly waiver on a quarterly basis and shall determine if an  
64 19 adjustment to the medical assistance reimbursement rates are  
64 20 necessary to provide reimbursement within the state funding  
64 21 amounts budgeted under the appropriations made for the fiscal  
64 22 year for the medical assistance program. Any temporary  
64 23 enhanced federal financial participation that may become  
64 24 available for the medical assistance program during the fiscal  
64 25 year shall not be used in projecting the medical assistance  
64 26 elderly waiver case management budget. The department of  
64 27 human services shall revise such reimbursement rates as  
64 28 necessary to maintain expenditures for medical assistance  
64 29 elderly waiver case management services within the state  
64 30 funding amounts budgeted under the appropriations made for the  
64 31 fiscal year for the medical assistance program.

Requires the Department of Human Services to review expenditures for reimbursement of case management services under the Medicaid Elderly Waiver on a quarterly basis and adjust to provide reimbursements within the appropriation.

64 32 2. Notwithstanding section 249H.7, the department of elder  
64 33 affairs shall distribute funds appropriated in this section in  
64 34 a manner that will supplement and maximize federal funds under  
64 35 the federal Older Americans Act and shall not use the amount  
65 1 distributed for any administrative purposes of either the  
65 2 department of elder affairs or the area agencies on aging.

CODE: Requires the Department of Elder Affairs to maximize federal funds under the federal Older Americans Act, and prohibits these funds from being used for administration.

65 3 3. Of the funds appropriated in this section, \$60,000  
 65 4 shall be used to provide dementia-specific education to direct  
 65 5 care workers and other providers of long-term care to enhance  
 65 6 existing or scheduled efforts through the Iowa caregivers  
 65 7 association, the Alzheimer's association, and other  
 65 8 organizations identified as appropriate by the department.

Allocates \$60,000 for dementia-specific education for direct care workers.

DETAIL: Maintains the current allocation level.

65 9 Sec. 44. DEPARTMENT OF INSPECTIONS AND APPEALS. There is  
 65 10 appropriated from the senior living trust fund created in  
 65 11 section 249H.4 to the department of inspections and appeals  
 65 12 for the fiscal year beginning July 1, 2009, and ending June  
 65 13 30, 2010, the following amount, or so much thereof as is  
 65 14 necessary, to be used for the purpose designated:  
 65 15 For the inspection and certification of assisted living  
 65 16 facilities and adult day care services, including program  
 65 17 administration and costs associated with implementation:  
 65 18 ..... \$ 1,339,527

Senior Living Trust Fund appropriation to the Department of Inspections and Appeals for inspection and certification of assisted living facilities and adult day care services.

DETAIL: Maintains the current level of Senior Living Trust Fund support.

65 19 Sec. 45. IOWA FINANCE AUTHORITY. There is appropriated  
 65 20 from the senior living trust fund created in section 249H.4 to  
 65 21 the Iowa finance authority for the fiscal year beginning July  
 65 22 1, 2009, and ending June 30, 2010, the following amount, or so  
 65 23 much thereof as is necessary, to be used for the purposes  
 65 24 designated:  
 65 25 For the rent subsidy program, to provide reimbursement for  
 65 26 rent expenses to eligible persons:  
 65 27 ..... \$ 700,000

Senior Living Trust Fund appropriation to the Iowa Finance Authority (IFA) for the Rent Subsidy Program.

DETAIL: Maintains the current level of Senior Living Trust Fund support.

65 28 Participation in the rent subsidy program shall be limited  
 65 29 to only those persons who meet the requirements for the  
 65 30 nursing facility level of care for home and community-based  
 65 31 services waiver services as in effect on July 1, 2009, and to  
 65 32 those individuals who are eligible for the federal money  
 65 33 follows the person grant program under the medical assistance  
 65 34 program. Of the funds appropriated in this section, not more

Requires participation in the Rent Subsidy Program to be limited to individuals at risk of nursing home placement and those eligible under the federal Money Follows the Person Grant Program. Permits the IFA to use up to \$35,000 for administrative costs.



65 35 than \$35,000 may be used for administrative costs.

66 1 Sec. 46. DEPARTMENT OF HUMAN SERVICES. Any funds  
66 2 remaining in the senior living trust fund created in section  
66 3 249H.4 following the appropriations from the senior living  
66 4 trust fund made in this division of this Act to the department  
66 5 of elder affairs, the department of inspections and appeals,  
66 6 and the Iowa finance authority, for the fiscal year beginning  
66 7 July 1, 2009, and ending June 30, 2010, are appropriated to  
66 8 the department of human services to supplement the medical  
66 9 assistance program appropriations made in this Act, including  
66 10 program administration and costs associated with  
66 11 implementation. In order to carry out the purposes of this  
66 12 section, the department may transfer funds appropriated in  
66 13 this section to supplement other appropriations made to the  
66 14 department of human services.

Appropriates the balance of the Senior Living Trust Fund to the Medicaid Program for FY 2010 after all other appropriations from the Fund are made.

DETAIL: It is estimated that there will be \$39,084,483 available for appropriation. This is a decrease of \$72,668,712 compared to the estimated net FY 2009 appropriation.

66 15 Sec. 47. PHARMACEUTICAL SETTLEMENT ACCOUNT. There is  
66 16 appropriated from the pharmaceutical settlement account  
66 17 created in section 249A.33 to the department of human services  
66 18 for the fiscal year beginning July 1, 2009, and ending June  
66 19 30, 2010, the following amount, or so much thereof as is  
66 20 necessary, to be used for the purpose designated:  
66 21 To supplement the appropriations made for medical contracts  
66 22 under the medical assistance program:  
66 23 ..... \$ 1,323,833

Pharmaceutical Settlement Account appropriation to the Department of Human Services for medical contracts in Medicaid.

DETAIL: Maintains the current level of Pharmaceutical Settlement Account support.

66 24 Sec. 48. APPROPRIATIONS FROM IOWACARE ACCOUNT.

66 25 1. There is appropriated from the IowaCare account created  
66 26 in section 249J.24 to the state board of regents for  
66 27 distribution to the university of Iowa hospitals and clinics  
66 28 for the fiscal year beginning July 1, 2009, and ending June  
66 29 30, 2010, the following amount, or so much thereof as is  
66 30 necessary, to be used for the purposes designated:

IowaCare Account appropriation to the University of Iowa Hospitals and Clinics (UIHC).

DETAIL: Maintains the current level of IowaCare Account support. IowaCare is an indigent care program for uninsured adults with incomes up to 200.00% of the Federal Poverty Level. It was created during the 2005 Legislative Session in response to the elimination of

66 31 For salaries, support, maintenance, equipment, and  
 66 32 miscellaneous purposes, for the provision of medical and  
 66 33 surgical treatment of indigent patients, for provision of  
 66 34 services to members of the expansion population pursuant to  
 66 35 chapter 249J, and for medical education:  
 67 1 ..... \$ 27,284,584

federal Intergovernmental Transfers (IGTs). Fiscal year 2006 was the first year this appropriation was funded. A portion of the funds are to be used for graduate medical education.

67 2 a. Funds appropriated in this subsection shall not be used  
 67 3 to perform abortions except medically necessary abortions, and  
 67 4 shall not be used to operate the early termination of  
 67 5 pregnancy clinic except for the performance of medically  
 67 6 necessary abortions. For the purpose of this subsection, an  
 67 7 abortion is the purposeful interruption of pregnancy with the  
 67 8 intention other than to produce a live-born infant or to  
 67 9 remove a dead fetus, and a medically necessary abortion is one  
 67 10 performed under one of the following conditions:  
 67 11 (1) The attending physician certifies that continuing the  
 67 12 pregnancy would endanger the life of the pregnant woman.  
 67 13 (2) The attending physician certifies that the fetus is  
 67 14 physically deformed, mentally deficient, or afflicted with a  
 67 15 congenital illness.  
 67 16 (3) The pregnancy is the result of a rape which is  
 67 17 reported within 45 days of the incident to a law enforcement  
 67 18 agency or public or private health agency which may include a  
 67 19 family physician.  
 67 20 (4) The pregnancy is the result of incest which is  
 67 21 reported within 150 days of the incident to a law enforcement  
 67 22 agency or public or private health agency which may include a  
 67 23 family physician.  
 67 24 (5) The abortion is a spontaneous abortion, commonly known  
 67 25 as a miscarriage, wherein not all of the products of  
 67 26 conception are expelled.

Specifies the conditions that permit the Medical Assistance Program to reimburse providers for abortion services.

DETAIL: The rules regarding abortion that apply to the Medical Assistance Program also apply to IowaCare.

67 27 b. Notwithstanding any provision of law to the contrary,  
 67 28 the amount appropriated in this subsection shall be allocated  
 67 29 in twelve equal monthly payments as provided in section

CODE: Requires the amount appropriated in this Subsection to be allocated in 12 equal monthly payments.

67 30 249J.24.

67 31 2. There is appropriated from the IowaCare account created  
67 32 in section 249J.24 to the state board of regents for  
67 33 distribution to the university of Iowa hospitals and clinics  
67 34 for the fiscal year beginning July 1, 2009, and ending June  
67 35 30, 2010, the following amount, or so much thereof as is  
68 1 necessary, to be used for the purposes designated:  
68 2 For salaries, support, maintenance, equipment, and  
68 3 miscellaneous purposes, for the provision of medical and  
68 4 surgical treatment of indigent patients, for provision of  
68 5 services to members of the expansion population pursuant to  
68 6 chapter 249J, and for medical education:  
68 7 ..... \$ 47,020,131

IowaCare Account appropriation of an additional \$47,020,131 to the State Board of Regents to be distributed to the University of Iowa Hospitals and Clinics (UIHC).

DETAIL: This is an increase of \$11,050,766 compared to estimated net FY 2009. The increase is for increased enrollment and utilization of the IowaCare Program.

68 8 The amount appropriated in this subsection shall be  
68 9 distributed only if expansion population claims adjudicated  
68 10 and paid by the Iowa Medicaid enterprise exceed the  
68 11 appropriation to the state board of regents for distribution  
68 12 to the university of Iowa hospitals and clinics provided in  
68 13 subsection 1. The amount appropriated in this subsection  
68 14 shall be distributed monthly for expansion population claims  
68 15 adjudicated and approved for payment by the Iowa Medicaid  
68 16 enterprise using medical assistance program reimbursement  
68 17 rates.

Permits the appropriation to be distributed only if expansion population claims exceed the \$27,284,584 appropriated to the Board of Regents and requires the funds to be distributed monthly.

68 18 3. There is appropriated from the IowaCare account created  
68 19 in section 249J.24 to the department of human services for the  
68 20 fiscal year beginning July 1, 2009, and ending June 30, 2010,  
68 21 the following amount, or so much thereof as is necessary, to  
68 22 be used for the purposes designated:  
68 23 For distribution to a publicly owned acute care teaching  
68 24 hospital located in a county with a population over 350,000  
68 25 for the provision of medical and surgical treatment of  
68 26 indigent patients, for provision of services to members of the  
68 27 expansion population pursuant to chapter 249J, and for medical

IowaCare Account appropriation to Polk County Broadlawns Medical Center.

DETAIL: This is an increase of \$6,000,000 compared to the estimated net FY 2009 appropriation. Broadlawns transfers \$38,000,000 of Polk County property tax proceeds to the State to draw down the federal match that funds the IowaCare Program.

68 28 education:  
68 29 ..... \$ 46,000,000  
68 30 a. Notwithstanding any provision of law to the contrary,  
68 31 the amount appropriated in this subsection shall be allocated  
68 32 in twelve equal monthly payments as provided in section  
68 33 249J.24. Any amount appropriated in this subsection in excess  
68 34 of \$41,000,000 shall be allocated only if federal funds are  
68 35 available to match the amount allocated.  
69 1 b. Notwithstanding the total amount of proceeds  
69 2 distributed pursuant to section 249J.24, subsection 6,  
69 3 paragraph "a", unnumbered paragraph 1, for the fiscal year  
69 4 beginning July 1, 2009, and ending June 30, 2010, the county  
69 5 treasurer of a county with a population of over 350,000 in  
69 6 which a publicly owned acute care teaching hospital is located  
69 7 shall distribute the proceeds collected pursuant to section  
69 8 347.7 in a total amount of \$38,000,000, which would otherwise  
69 9 be distributed to the county hospital, to the treasurer of  
69 10 state for deposit in the IowaCare account.  
69 11 c. (1) Notwithstanding the amount collected and  
69 12 distributed for deposit in the IowaCare account pursuant to  
69 13 section 249J.24, subsection 6, paragraph "a", subparagraph  
69 14 (1), the first \$19,000,000 in proceeds collected pursuant to  
69 15 section 347.7 between July 1, 2009, and December 31, 2009,  
69 16 shall be distributed to the treasurer of state for deposit in  
69 17 the IowaCare account and collections during this time period  
69 18 in excess of \$19,000,000 shall be distributed to the acute  
69 19 care teaching hospital identified in this subsection.  
69 20 (2) Notwithstanding the amount collected and distributed  
69 21 for deposit in the IowaCare account pursuant to section  
69 22 249J.24, subsection 6, paragraph "a", subparagraph (2), the  
69 23 first \$19,000,000 in collections pursuant to section 347.7  
69 24 between January 1, 2010, and June 30, 2010, shall be  
69 25 distributed to the treasurer of state for deposit in the  
69 26 IowaCare account and collections during this time period in  
69 27 excess of \$19,000,000 shall be distributed to the acute care  
69 28 teaching hospital identified in this subsection.

69 30 TRANSFORMATION == DEPARTMENT OF HUMAN SERVICES.  
 69 31 Notwithstanding any provision to the contrary, there is  
 69 32 appropriated from the account for health care transformation  
 69 33 created in section 249J.23 to the department of human services  
 69 34 for the fiscal year beginning July 1, 2009, and ending June  
 69 35 30, 2010, the following amounts, or so much thereof as is  
 70 1 necessary, to be used for the purposes designated:

DETAIL: The HCTA was created as part of the agreement with the federal Centers for Medicare and Medicaid Services (CMS) to discontinue Iowa's Intergovernmental Transfers (IGTs) during the 2005 Legislative Session. It is intended to fund the reforms specified in HF 841 (IowaCare and Medicaid Reform Act) passed during the 2005 Legislative Session.

70 2 1. For the costs of medical examinations and development  
 70 3 of personal health improvement plans for the expansion  
 70 4 population pursuant to section 249J.6:  
 70 5 ..... \$ 556,800

Appropriation from the HCTA for medical examinations and personal improvement plans for IowaCare enrollees.

DETAIL: Maintains the current level of HCTA support.

70 6 2. For the provision of a medical information hotline for  
 70 7 the expansion population as provided in section 249J.6:  
 70 8 ..... \$ 100,000

Appropriation from the HCTA for a medical information hotline for IowaCare enrollees.

DETAIL: This is a decrease of \$50,000 compared to the estimated net FY 2009 appropriation.

70 9 3. For other health promotion partnership activities  
 70 10 pursuant to section 249J.14:  
 70 11 ..... \$ 600,000

Appropriation from the HCTA for other health partnership activities related to IowaCare.

DETAIL: This is a decrease of \$300,000 compared to the estimated FY 2009 appropriation.

70 12 4. For the costs related to audits, performance  
 70 13 evaluations, and studies required pursuant to chapter 249J:  
 70 14 ..... \$ 125,000

Appropriation from the HCTA for costs related to audits, performance evaluations, and studies related to IowaCare.

DETAIL: This is a decrease of \$275,000 compared to the estimated FY 2009 appropriation.

70 15 5. For administrative costs associated with chapter 249J:  
 70 16 ..... \$ 1,132,412

Appropriation from the HCTA for IowaCare administrative costs.

DETAIL: Maintains the current level of HCTA support.

70 17 6. For planning and development, in cooperation with the  
 70 18 department of public health, of a phased-in program to provide  
 70 19 a dental home for children in accordance with section 249J.14,  
 70 20 subsection 7:  
 70 21 ..... \$ 1,000,000

Appropriation from the HCTA to the DHS and the DPH to start a program to provide a dental home for children.

DETAIL: Maintains the current level of HCTA support.

70 22 7. For continuation of the establishment of the tuition  
 70 23 assistance for individuals serving individuals with  
 70 24 disabilities pilot program, as enacted in 2008 Iowa Acts,  
 70 25 chapter 1187, section 130:  
 70 26 ..... \$ 50,000

Appropriation from the HCTA for tuition assistance for individuals serving individuals with disabilities pilot program.

DETAIL: This is a decrease of \$450,000 compared to the estimated net FY 2009 appropriation.

70 27 7A. For medical contracts:  
 70 28 ..... \$ 1,300,000

Appropriation from the HCTA for Medical Contracts.

DETAIL: This is a one-time appropriation to make upgrades to the Iowa Medicaid Enterprise's computer systems required by the federal government.

70 29 8. For payment to the publicly owned acute care teaching  
 70 30 hospital located in a county with a population of over 350,000  
 70 31 that is a participating provider pursuant to chapter 249J:  
 70 32 ..... \$ 290,000

Appropriation from the HCTA for the Polk County Broadlawns Medical Center for the IowaCare Program. Requires distribution of the funds on a monthly basis.

DETAIL: This is an increase of \$60,000 compared to the estimated net FY 2009 appropriation.

70 33 Disbursements under this subsection shall be made monthly.  
 70 34 The hospital shall submit a report following the close of the  
 70 35 fiscal year regarding use of the funds appropriated in this  
 71 1 subsection to the persons specified in this Act to receive  
 71 2 reports.

Requires the DHS to make 12 monthly payments to Polk County Broadlawns Medical Center for the appropriation. Requires an FY 2010 report from the Medical Center.

71 3 Notwithstanding section 8.39, subsection 1, without the  
 71 4 prior written consent and approval of the governor and the  
 71 5 director of the department of management, the director of

CODE: Permits the DHS to transfer funds to carry out activities in this Section without the approval of the Governor or the Director of the Department of Management, but requires the DHS to report any transfers to the Legislative Services Agency.

71 6 human services may transfer funds among the appropriations  
 71 7 made in this section as necessary to carry out the purposes of  
 71 8 the account for health care transformation. The department  
 71 9 shall report any transfers made pursuant to this section to  
 71 10 the legislative services agency.

71 11 Sec. 50. APPROPRIATION FROM ACCOUNT FOR HEALTH CARE  
 71 12 TRANSFORMATION == DEPARTMENT OF ELDER AFFAIRS.  
 71 13 Notwithstanding any provision to the contrary, there is  
 71 14 appropriated from the account for health care transformation  
 71 15 created in section 249J.23 to the department of elder affairs  
 71 16 for the fiscal year beginning July 1, 2009, and ending June  
 71 17 30, 2010, the following amounts, or so much thereof as is  
 71 18 necessary, to be used for the purpose designated:  
 71 19 For re=programming of the SEAMLESS computer system for case  
 71 20 management:  
 71 21 ..... \$ 200,000

Appropriation from the HCTA to the Department of Elder Affairs.

DETAIL: This is a one-time appropriation to make upgrades to the case management computer system to conform to new federal requirements.

71 22 Sec. 51. IOWACARE RENEWAL OF WAIVER. It is the intent of  
 71 23 the general assembly that the department of human services  
 71 24 apply for renewal of the IowaCare section 1115 demonstration  
 71 25 waiver under the medical assistance program. The department  
 71 26 shall seek to renew the existing terms of the waiver for an  
 71 27 additional five=year period and shall seek maximum expenditure  
 71 28 authority for payments to the state's four mental health  
 71 29 institutes. The IowaCare section 1115 demonstration waiver  
 71 30 renewal shall be amended to remove the limitation on new  
 71 31 provider taxes and shall transfer the seriously emotionally  
 71 32 disturbed children waiver to be approved as a section 1915(c)  
 71 33 home and community=based services waiver.

Specifies that it is the intent of the General Assembly that the Department apply for a renewal of the IowaCare Waiver for an additional five years. Requires the Department to negotiate the removal of the limitation on new provider taxes and transfer the Seriously Emotionally Disturbed Children Waiver to a 1915(c) Home and Community-Based Services Waiver.

71 34 Sec. 52. MEDICAL ASSISTANCE PROGRAM == NONREVERSION FOR FY  
 71 35 2009=2010. Notwithstanding section 8.33, if moneys  
 72 1 appropriated for purposes of the medical assistance program  
 72 2 for the fiscal year beginning July 1, 2009, and ending June  
 72 3 30, 2010, from the general fund of the state, the senior

CODE: Requires nonreversion of funds from the Medicaid Program to the Senior Living Trust Fund. Instead the funds would remain within the appropriation to be used in the succeeding fiscal year.

DETAIL: The federal American Recovery and Reinvestment Act of

72 4 living trust fund, the health care trust fund, and the  
 72 5 property tax relief fund are in excess of actual expenditures  
 72 6 for the medical assistance program and remain unencumbered or  
 72 7 unobligated at the close of the fiscal year, the excess moneys  
 72 8 shall not revert but shall remain available for expenditure  
 72 9 for the purposes of the medical assistance program until the  
 72 10 close of the succeeding fiscal year.

2009 has a provision prohibiting the transfer of Medicaid stimulus dollars to a reserve or rainy day fund. This language complies with those regulations.

72 11 DIVISION III  
 72 12 MH/MR/DD SERVICES  
 72 13 ALLOWED GROWTH FUNDING  
 72 14 FY 2009=2010

72 15 Sec. 53. Section 426B.5, subsection 2, paragraph i,  
 72 16 subparagraph (3), Code 2009, is amended to read as follows:  
 72 17 (3) Avoiding the need for reduction or elimination of a  
 72 18 mobile crisis team or other critical emergency services when  
 72 19 the reduction or elimination places the public's health or  
 72 20 safety at risk.

CODE: Adds Mobile Crisis Teams to critical emergency services when considering the need for Mental Health Risk Pool Funds.

72 21 Sec. 54. 2008 Iowa Acts, chapter 1191, section 1, is  
 72 22 amended to read as follows:  
 72 23 SECTION 1. COUNTY MENTAL HEALTH, MENTAL RETARDATION, AND  
 72 24 DEVELOPMENTAL DISABILITIES ALLOWED GROWTH APPROPRIATION AND  
 72 25 ALLOCATIONS == FISCAL YEAR 2009=2010.  
 72 26 4-. There is appropriated from the general fund of the  
 72 27 state to the department of human services for the fiscal year  
 72 28 beginning July 1, 2009, and ending June 30, 2010, the  
 72 29 following amount, or so much thereof as is necessary, to be  
 72 30 used for the purpose designated:  
 72 31 For distribution to counties of the county mental health,  
 72 32 mental retardation, and developmental disabilities allowed  
 72 33 growth factor adjustment for fiscal year 2009=2010 as provided  
 72 34 in this section in lieu of the allowed growth factor  
 72 35 provisions of section 331.438, subsection 2, and section

CODE: Updates the FY 2010 original Mental Health Allowed Growth appropriation to reflect a general reduction of 12.80% and the elimination of the 3.00% Allowed Growth appropriation enacted in HF 2700 (FY 2009 Standing Appropriations Act).

DETAIL: This includes a net decrease of \$8,248,200 as follows:

- A decrease of \$8,275,660 to eliminate the Allowed Growth increase.
- A decrease of \$7,022,025 for a general reduction of 12.80%.
- An increase of \$6,902,735 to move funding from the Health Care Trust Fund to the General Fund.
- An increase of \$146,750 to move the Purchase of Service Provider contract to the General Fund from the HITT Fund that has been eliminated.



73 1 331.439, subsection 3, and chapter 426B :  
 73 2 ..... \$ ~~69,949,069~~  
 73 3 54,108,770  
 73 4 ~~2. The amount appropriated in this section shall be~~  
 73 5 ~~allocated as provided in a later enactment of the general~~  
 73 6 ~~assembly.~~

73 7 Sec. 55. 2008 Iowa Acts, chapter 1191, section 1, as  
 73 8 amended by this division of this Act, is amended by adding the  
 73 9 following new subsections:

73 10 NEW SUBSECTION . 1. Of the amount appropriated in this  
 73 11 section, \$146,750 shall be used for assistance to the counties  
 73 12 with limited county mental health, mental retardation, and  
 73 13 developmental disabilities services fund balances which were  
 73 14 selected in accordance with 2000 Iowa Acts, chapter 1221,  
 73 15 section 3, to receive such assistance, in the same amount  
 73 16 provided during the fiscal year beginning July 1, 2000, and  
 73 17 ending June 30, 2001, to pay reimbursement increases in  
 73 18 accordance with 2000 Iowa Acts, chapter 1221, section 3.

CODE: Allocates \$146,750 for the continuation of the local purchase of service provider salary increase for FY 2010.

DETAIL: Maintains the current level of support. This allocation was previously funded by the Healthy Iowans Tobacco Trust Fund.

73 19 NEW SUBSECTION . 2. Of the amount appropriated in this  
 73 20 section, \$12,000,000 shall be distributed as provided in this  
 73 21 subsection.

73 22 a. To be eligible to receive a distribution under this  
 73 23 subsection, a county must meet the following requirements:  
 73 24 (1) The county is levying for the maximum amount allowed  
 73 25 for the county's mental health, mental retardation, and  
 73 26 developmental disabilities services fund under section  
 73 27 331.424A for taxes due and payable in the fiscal year  
 73 28 beginning July 1, 2009, or the county is levying for at least  
 73 29 90 percent of the maximum amount allowed for the county's  
 73 30 services fund and that levy rate is more than \$2 per \$1,000 of  
 73 31 the assessed value of all taxable property in the county.  
 73 32 (2) In the fiscal year beginning July 1, 2007, the  
 73 33 county's mental health, mental retardation, and developmental  
 73 34 disabilities services fund ending balance under generally

CODE: Requires counties eligible for the \$12,000,000 Mental Health Allowed Growth funding to comply with the following:

- Levy at least 90.00% of the maximum levy.
- Levy at least \$2.00 per \$1,000 of the taxable assessed property value.
- Maintain a Mental Health Services Fund balance for FY 2008 of 15.00% or less.

73 35 accepted accounting principles was equal to or less than 15  
 74 1 percent of the county's actual gross expenditures for that  
 74 2 fiscal year.  
 74 3 b. A county's allocation of the amount appropriated in  
 74 4 this subsection shall be determined based upon the county's  
 74 5 proportion of the general population of the counties eligible  
 74 6 to receive an allocation under this subsection. The most  
 74 7 recent population estimates issued by the United States bureau  
 74 8 of the census shall be applied in determining population for  
 74 9 the purposes of this paragraph.  
 74 10 c. The allocations made pursuant to this subsection are  
 74 11 subject to the distribution provisions and withholding  
 74 12 requirements established in this section for the county mental  
 74 13 health, mental retardation, and developmental disabilities  
 74 14 allowed growth factor adjustment for the fiscal year beginning  
 74 15 July 1, 2009.

74 16 NEW SUBSECTION . 3. The following amount of the funding  
 74 17 appropriated in this section is the allowed growth factor  
 74 18 adjustment for fiscal year 2009=2010, and shall be credited to  
 74 19 the allowed growth funding pool created in the property tax  
 74 20 relief fund and for distribution in accordance with section  
 74 21 426B.5, subsection 1:  
 74 22 ..... \$ 41,962,020

CODE: Sets the expenditure target allocation for the Allowed Growth funding pool for FY 2010.

74 23 NEW SUBSECTION . 4. The following formula amounts shall be  
 74 24 utilized only to calculate preliminary distribution amounts  
 74 25 for the allowed growth factor adjustment for fiscal year  
 74 26 2009=2010 under this section by applying the indicated formula  
 74 27 provisions to the formula amounts and producing a preliminary  
 74 28 distribution total for each county:  
 74 29 a. For calculation of a distribution amount for eligible  
 74 30 counties from the allowed growth funding pool created in the  
 74 31 property tax relief fund in accordance with the requirements  
 74 32 in section 426B.5, subsection 1:  
 74 33 ..... \$ 49,626,596

CODE: Provides the annual distribution of the FY 2010 Mental Health Allowed Growth appropriation. Reflects appropriations from multiple sources with a single distribution. Requires \$54,108,770 to be distributed to counties that levy at least 70.00% for the MH/MR/DD Services Fund and have limited Fund balances. Fund balances for the distribution formula are those from FY 2008. Those counties that have an ending Fund balance of between 10.00% and 25.00% will experience a reduction of \$7,664,576 as a withholding target.

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74 34 b. For calculation of a distribution amount for counties  
74 35 from the mental health and developmental disabilities (MH/DD)  
75 1 community services fund in accordance with the formula  
75 2 provided in the appropriation made for the MH/DD community  
75 3 services fund for the fiscal year beginning July 1, 2009:  
75 4 ..... \$ 15,763,951  
75 5 NEW SUBSECTION . 5. After applying the applicable  
75 6 statutory distribution formulas to the amounts indicated in  
75 7 subsection 4 for purposes of producing preliminary  
75 8 distribution totals, the department of human services shall  
75 9 apply a withholding factor to adjust an eligible individual  
75 10 county's preliminary distribution total. In order to be  
75 11 eligible for a distribution under this section, a county must  
75 12 be levying 90 percent or more of the maximum amount allowed  
75 13 for the county's mental health, mental retardation, and  
75 14 developmental disabilities services fund under section  
75 15 331.424A for taxes due and payable in the fiscal year for  
75 16 which the distribution is payable. An ending balance  
75 17 percentage for each county shall be determined by expressing  
75 18 the county's ending balance on a modified accrual basis under  
75 19 generally accepted accounting principles for the fiscal year  
75 20 beginning July 1, 2007, in the county's mental health, mental  
75 21 retardation, and developmental disabilities services fund  
75 22 created under section 331.424A, as a percentage of the  
75 23 county's gross expenditures from that fund for that fiscal  
75 24 year. If a county borrowed moneys for purposes of providing  
75 25 services from the county's services fund on or before July 1,  
75 26 2007, and the county's services fund ending balance for that  
75 27 fiscal year includes the loan proceeds or an amount designated  
75 28 in the county budget to service the loan for the borrowed  
75 29 moneys, those amounts shall not be considered to be part of  
75 30 the county's ending balance for purposes of calculating an  
75 31 ending balance percentage under this subsection. The  
75 32 withholding factor for a county shall be the following  
75 33 applicable percent:  
75 34 a. For an ending balance percentage of less than 5  
75 35 percent, a withholding factor of 0 percent. In addition, a  
76 1 county that is subject to this lettered paragraph shall

76 2 receive an inflation adjustment equal to 3 percent of the  
76 3 gross expenditures reported for the county's services fund for  
76 4 the fiscal year.

76 5 b. For an ending balance percentage of 5 percent or more  
76 6 but less than 10 percent, a withholding factor of 0 percent.

76 7 In addition, a county that is subject to this lettered  
76 8 paragraph shall receive an inflation adjustment equal to 2  
76 9 percent of the gross expenditures reported for the county's  
76 10 services fund for the fiscal year.

76 11 c. For an ending balance percentage of 10 percent or more  
76 12 but less than 25 percent, a withholding factor of 25 percent.

76 13 However, for counties with an ending balance percentage of 10  
76 14 percent or more but less than 15 percent, the amount withheld  
76 15 shall be limited to the amount by which the county's ending  
76 16 balance was in excess of the ending balance percentage of 10  
76 17 percent.

76 18 d. For an ending balance percentage of 25 percent or more,  
76 19 a withholding percentage of 100 percent.

76 20 NEW SUBSECTION . 6. The total withholding amounts applied  
76 21 pursuant to subsection 5 shall be equal to a withholding  
76 22 target amount of \$7,664,576. If the department of human  
76 23 services determines that the amount to be withheld in  
76 24 accordance with subsection 6 is not equal to the target  
76 25 withholding amount, the department shall adjust the  
76 26 withholding factors listed in subsection 6 as necessary to  
76 27 achieve the target withholding amount. However, in making  
76 28 such adjustments to the withholding factors, the department  
76 29 shall strive to minimize changes to the withholding factors  
76 30 for those ending balance percentage ranges that are lower than  
76 31 others and shall not adjust the zero withholding factor or the  
76 32 inflation adjustment percentage specified in subsection 5,  
76 33 paragraph "a".

76 34 Sec. 56. ADULT MENTAL HEALTH AND DEVELOPMENTAL  
76 35 DISABILITIES SERVICES SYSTEM TASK FORCE. The co-chairpersons  
77 1 of the joint appropriations subcommittee on health and human  
77 2 services, in consultation with the ranking members of the

Requires the Chairpersons, in consultation with the Ranking  
Members, of the Health and Human Services Appropriations  
Subcommittee to appoint a task force of stakeholders during the 2009  
interim to address the Mental Health Service System.

77 3 subcommittee, shall appoint a task force of stakeholders for  
77 4 the 2009 legislative interim to address the service system  
77 5 administered by counties for adult mental health and  
77 6 developmental disabilities services. The task force shall  
77 7 address both funding and service issues and may utilize a  
77 8 facilitator to assist the process. The task force shall  
77 9 submit a final report with recommendations to the governor and  
77 10 general assembly for action during the 2010 legislative  
77 11 session.

77 12 Sec. 57. MENTAL HEALTH, MENTAL RETARDATION, DEVELOPMENTAL  
77 13 DISABILITIES, AND BRAIN INJURY COMMISSION AND MENTAL HEALTH  
77 14 PLANNING COUNCIL. During the fiscal year beginning July 1,  
77 15 2009, the mental health, mental retardation, developmental  
77 16 disabilities, and brain injury commission and the Iowa mental  
77 17 health planning council established by the department of human  
77 18 services pursuant to federal requirements for the community  
77 19 mental health services block grant, or the officers of such  
77 20 bodies, shall meet at least quarterly to coordinate the  
77 21 efforts of the bodies.

Requires the Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury Council to meet with the Iowa Mental Health Planning Council quarterly to coordinate efforts.

77 22 Sec. 58. STATE RESOURCE CENTER BILLINGS == AMERICAN  
77 23 RECOVERY AND REINVESTMENT ACT. For the period beginning  
77 24 October 1, 2008, and ending September 30, 2010, or the period  
77 25 for which funding from the federal American Recovery and  
77 26 Reinvestment Act of 2009 can be used for the cost of care for  
77 27 patients at a state resource center, whichever is longer, the  
77 28 per diem amounts billed to counties under section 222.73 for  
77 29 such care may be adjusted downward by an applicable percentage  
77 30 of the nonfederal portion of the billing amounts, as necessary  
77 31 to comply with the intent of the federal Act.

Allows for the per diem at the State Resource Centers to be adjusted to account for the increase in the federal share of the billing amount while the federal American Reinvestment and Recovery Act of 2009 is in effect.

77 32 Sec. 59. EFFECTIVE DATE == RETROACTIVE APPLICABILITY. The  
77 33 section of this division of this Act relating to state  
77 34 resource center billings, being deemed of immediate

Specifies that Section 58, relating to State Resource Center billing, is effective on enactment and retroactive to October 1, 2008.

77 35 importance, takes effect upon enactment, is retroactively  
78 1 applicable to October 1, 2008, and is applicable on and after  
78 2 that date.

78 3 DIVISION IV  
78 4 HEALTH CARE TRUST FUND APPROPRIATIONS ==  
78 5 HEALTH CARE ACTIVITIES

78 6 Sec. 60. DEPARTMENT OF PUBLIC HEALTH. In addition to any  
78 7 other appropriation made in this Act for the purposes  
78 8 designated, there is appropriated from the health care trust  
78 9 fund created in section 453A.35A to the department of public  
78 10 health for the fiscal year beginning July 1, 2009, and ending  
78 11 June 30, 2010, the following amounts, or so much thereof as is  
78 12 necessary, for the purposes designated:

78 13 1. ADDICTIVE DISORDERS  
78 14 ..... \$ 2,748,692

Health Care Trust Fund appropriation to the addictive disorders programs.

DETAIL: This is a decrease of \$446,472 and 5.0 FTE positions compared to the estimated net FY 2009 appropriation. The changes in the allocations are delineated below.

78 15 a. Of the funds appropriated in this subsection, \$357,870  
78 16 shall be used for culturally competent substance abuse  
78 17 treatment pilot projects.  
78 18 (1) The department shall utilize the amount allocated in  
78 19 this lettered paragraph for at least three pilot projects to  
78 20 provide culturally competent substance abuse treatment in  
78 21 various areas of the state. Each pilot project shall target a  
78 22 particular ethnic minority population. The populations  
78 23 targeted shall include but are not limited to  
78 24 African=American, Asian, and Latino.  
78 25 (2) The pilot project requirements shall provide for  
78 26 documentation or other means to ensure access to the cultural

Allocates \$357,870 for implementation of three culturally competent substance abuse treatment pilot projects and specifies project requirements.

DETAIL: This is a decrease of \$92,130 compared to the FY 2009 allocation.

78 27 competence approach used by a pilot project so that such  
78 28 approach can be replicated and improved upon in successor  
78 29 programs.

78 30 b. Of the funds appropriated in this subsection,  
78 31 \$1,597,656 shall be used for tobacco use prevention,  
78 32 cessation, and treatment. The department shall utilize the  
78 33 funds to provide for a variety of activities related to  
78 34 tobacco use prevention, cessation, and treatment including to  
78 35 support Quitline Iowa, QuitNet cessation counseling and  
79 1 education, grants to school districts and community  
79 2 organizations to support Just Eliminate Lies youth chapters  
79 3 and youth tobacco prevention activities, the Just Eliminate  
79 4 Lies tobacco prevention media campaign, nicotine replacement  
79 5 therapy, and other prevention and cessation materials and  
79 6 media promotion. Of the funds allocated in this lettered  
79 7 paragraph, not more than \$148,262 may be utilized by the  
79 8 department for administrative purposes.

Allocates \$1,597,656 for tobacco use prevention, cessation, and treatment, and specifies the activities to be funded. Permits administrative expenditures of \$148,262.

DETAIL: This is a decrease of \$1,150,098 compared to the FY 2009 allocation. There is \$8,028,214 appropriated from the General Fund for the same purposes. There is a carryforward of \$1,000,000 from FY 2009 to FY 2010 expected for the same purpose.

79 9 c. Of the funds appropriated in this subsection, \$793,166  
79 10 shall be used for substance abuse treatment activities.

Allocates \$793,166 for substance abuse treatment.

DETAIL: This is a decrease of \$128,834 compared to the FY 2009 allocation. There is \$17,546,252 allocated to substance abuse treatment and prevention in the addictive disorders General Fund appropriation.

79 11 2. HEALTHY CHILDREN AND FAMILIES  
79 12 ..... \$ 493,574

Health Care Trust Fund appropriation to the Healthy Children and Families Programs.

DETAIL: This is a decrease of \$174,126 and 1.00 FTE position compared to the estimated net FY 2009 appropriation. An additional \$2,249,167 is provided to the healthy children and families programs from the General Fund in Division I. The changes in the allocations are delineated below.

79 13 a. Of the funds appropriated in this subsection, \$159,603

Allocates \$159,603 for the Assuring Better Child Health and

79 14 shall be used to address the healthy mental development of	Development (ABCD II) Program.
79 15 children from birth through five years of age through local	
79 16 evidence-based strategies that engage both the public and	DETAIL: This is a decrease of \$40,397 compared to the FY 2009
79 17 private sectors in promoting healthy development, prevention,	allocation. An additional \$292,791 is allocated from the General Fund
79 18 and treatment for children.	for this purpose in Division I.
79 19 b. Of the funds appropriated in this subsection, \$143,643	Allocates \$143,643 for childhood obesity prevention.
79 20 shall be used for childhood obesity prevention.	
	DETAIL: This is a decrease of \$36,357 compared to the FY 2009
	allocation.
79 21 c. Of the funds appropriated in this subsection, \$190,328	Allocates \$190,328 for audiological services and hearing aids for
79 22 shall be used to provide audiological services and hearing	children.
79 23 aids for children. The department may enter into a contract	
79 24 to administer this paragraph.	DETAIL: This is a decrease of \$48,172 compared to the FY 2009
	allocation.
79 25 d. It is the intent of the general assembly that the	Specifies legislative intent that the DPH continue to implement the
79 26 department of public health shall implement the	recommendations of the Postnatal Tissue and Fluid Bank Task Force.
79 27 recommendations of the postnatal tissue and fluid bank task	
79 28 force created in 2007 Iowa Acts, chapter 147, based upon the	
79 29 report submitted to the general assembly in November 2007, as	
79 30 funding becomes available. The department shall notify the	
79 31 Iowa Code editor and the persons specified in this Act to	
79 32 receive reports when such funding becomes available.	
79 33 3. CHRONIC CONDITIONS	Health Care Trust Fund appropriation to the chronic conditions
79 34 ..... \$ 999,219	programs.
	DETAIL: This is a decrease of \$164,962 and 1.00 FTE position
	compared to the estimated net FY 2009 appropriation. An additional
	\$2,756,236 is provided to the chronic conditions programs from the
	General Fund in Division I. The changes in the allocations are
	delineated below.
79 35 a. Of the funds appropriated in this subsection, \$383,271	Allocates \$383,271 for additional funding for child health specialty



80 1 shall be used for child health specialty clinics.

clinics.

DETAIL: This is a decrease of \$90,710 compared to the FY 2009 allocation. This is in addition to the current \$461,832 in General Fund appropriations provided for this purpose.

80 2 b. Of the funds appropriated in this subsection, \$454,224  
80 3 shall be used for the comprehensive cancer control program to  
80 4 reduce the burden of cancer in Iowa through prevention, early  
80 5 detection, effective treatment, and ensuring quality of life.  
80 6 The department shall utilize one of the full-time equivalent  
80 7 positions authorized in this subsection for administration of  
80 8 the activities related to the comprehensive cancer control  
80 9 program.

Allocates \$454,224 for the Iowa Consortium for Comprehensive Cancer Control.

DETAIL: This is a decrease of \$45,776 compared to the FY 2009 allocation.

80 10 c. Of the funds appropriated in this subsection, \$161,724  
80 11 shall be used for cervical and colon cancer screening.

Allocates \$161,724 for cervical and colon cancer screening.

DETAIL: This is a decrease of \$38,276 compared to the FY 2009 allocation.

#### 80 12 4. COMMUNITY CAPACITY

80 13 ..... \$ 2,720,507

Health Care Trust Fund appropriation to the community capacity programs.

DETAIL: This is a decrease of \$69,493 and 6.00 FTE positions compared to the estimated net FY 2009 appropriation. An additional \$4,116,847 is provided to the community capacity programs from the General Fund in Division I.

NOTE: An additional \$500,000 is appropriated to community capacity programs from the federal American Reinvestment and Recovery Act of 2009 in HF 820 (FY 2010 Federal Funds Appropriations Act) for FY 2010.

80 14 a. Of the funds appropriated in this subsection, \$61,349  
80 15 shall be deposited in the governmental public health system

Allocates \$61,349 for local public health redesign efforts. Requires deposit of the funds in the Governmental Public Health System Fund

80 16 fund created by this Act to be used to further develop the  
 80 17 Iowa public health standards and to begin implementation of  
 80 18 public health modernization in accordance with chapter 135A,  
 80 19 as enacted in this Act, to the extent funding is available.

established in Division XI for expenditure by the Department of Public Health.

DETAIL: This is a decrease of \$13,265 compared to the FY 2009 allocation.

80 20 b. Of the funds appropriated in this subsection, \$163,600  
 80 21 shall be used for the mental health professional shortage area  
 80 22 program implemented pursuant to section 135.80.

Allocates \$163,600 for the Mental Health Professional Shortage Area Program.

DETAIL: This is a decrease of \$36,400 compared to the FY 2009 allocation.

80 23 c. Of the funds appropriated in this subsection, \$40,900  
 80 24 shall be used for a grant to a statewide association of  
 80 25 psychologists that is affiliated with the American  
 80 26 psychological association to be used for continuation of a  
 80 27 program to rotate intern psychologists in placements in urban  
 80 28 and rural mental health professional shortage areas, as  
 80 29 defined in section 135.80.

Allocates \$40,900 to implement a rotation program for intern psychologists in urban and rural mental health professional shortage areas.

DETAIL: This is a decrease of \$9,100 compared to the FY 2009 allocation.

80 30 d. Of the funds appropriated in this subsection, the  
 80 31 following amounts shall be allocated to the Iowa collaborative  
 80 32 safety net provider network established pursuant to section  
 80 33 135.153 to be used for the purposes designated:

Provides for allocations to the Iowa Collaborative Safety Net Provider Network.

80 34 (1) For distribution to the Iowa=Nebraska primary care  
 80 35 association for statewide coordination of the Iowa  
 81 1 collaborative safety net provider network:  
 81 2 ..... \$ 81,800

Allocates \$81,800 for the Iowa Collaborative Safety Net Provider Network.

DETAIL: This is a decrease of \$18,200 compared to the FY 2009 allocation.

81 3 (2) For distribution to the Iowa family planning network  
 81 4 agencies for necessary infrastructure, statewide coordination,  
 81 5 provider recruitment, service delivery, and provision of

Allocates \$82,796 for family planning network agencies to assist patients in finding an appropriate medical home.

PG LN	House File 811	Explanation
81 6	assistance to patients in determining an appropriate medical	DETAIL: This is a decrease of \$17,204 compared to the FY 2009 allocation
81 7	home:	
81 8	..... \$ 82,796	
81 9	(3) For distribution to the local boards of health that	Allocates \$82,796 for local board of health pilot programs in three counties to assist patients in finding an appropriate medical home.
81 10	provide direct services for pilot programs in three counties	
81 11	to assist patients in determining an appropriate medical home:	
81 12	..... \$ 82,796	DETAIL: This is a decrease of \$17,204 compared to the FY 2009 allocation.
81 13	(4) For distribution to maternal and child health centers	Allocates \$82,796 for three child and maternal health center pilot programs to assist patients in finding an appropriate medical home.
81 14	for pilot programs in three counties to assist patients in	
81 15	determining an appropriate medical home:	
81 16	..... \$ 82,796	DETAIL: This is a decrease of \$17,204 compared to the FY 2009 allocation.
81 17	(5) For distribution to free clinics for necessary	Allocates \$204,500 for free clinics to assist patients in finding an appropriate medical home.
81 18	infrastructure, statewide coordination, provider recruitment,	
81 19	service delivery, and provision of assistance to patients in	
81 20	determining an appropriate medical home:	DETAIL: This is a decrease of \$45,500 compared to the FY 2009 allocation.
81 21	..... \$ 204,500	
81 22	(6) For distribution to rural health clinics for necessary	Allocates \$122,700 for rural health clinics to assist patients in finding an appropriate medical home.
81 23	infrastructure, statewide coordination, provider recruitment,	
81 24	service delivery, and provision of assistance to patients in	
81 25	determining an appropriate medical home:	DETAIL: This is a decrease of \$27,300 compared to the FY 2009 allocation.
81 26	..... \$ 122,700	
81 27	(7) For continuation of the safety net provider patient	Allocates \$327,200 for the safety net provider patient access to specialty care initiative.
81 28	access to specialty health care initiative as described in	
81 29	2007 Iowa Acts, ch. 218, section 109:	
81 30	..... \$ 327,200	DETAIL: This is a decrease of \$72,800 compared to the FY 2009 allocation.
81 31	(8) For continuation of the pharmaceutical infrastructure	Allocates \$327,200 for the pharmaceutical infrastructure for safety net

81 32 for safety net providers as described in 2007 Iowa Acts, ch.  
 81 33 218, section 108:  
 81 34 ..... \$ 327,200

providers.

DETAIL: This is a decrease of \$72,800 compared to the FY 2009 allocation.

81 35 The Iowa collaborative safety net provider network may  
 82 1 continue to distribute funds allocated pursuant to this  
 82 2 lettered paragraph through existing contracts or renewal of  
 82 3 existing contracts.

Permits the Iowa Collaborative Safety Net Provider Network to continue existing contracts to distribute the funding.

82 4 e. Of the funds appropriated in this subsection, \$500,000  
 82 5 shall be used to continue funding for the community health  
 82 6 center incubation grant program. Funds shall be utilized by  
 82 7 the recipient of the grant in the previous fiscal year to  
 82 8 ensure continuation of affordable primary and preventive  
 82 9 health care services to the uninsured and underserved in  
 82 10 northwest Iowa.

Allocates \$500,000 for the Incubation Grant Program for Community Health Centers.

DETAIL: This is a decrease of \$150,000 compared to the FY 2009 allocation. This is funding for the Community Health Center in Sioux City.

82 11 f. Of the funds appropriated in this subsection, \$200,000  
 82 12 shall be used for continued implementation of the  
 82 13 recommendations of the direct care worker task force  
 82 14 established pursuant to 2005 Iowa Acts, chapter 88, based upon  
 82 15 the report submitted to the governor and the general assembly  
 82 16 in December 2006. The department may use a portion of the  
 82 17 funds allocated in this paragraph for an additional position  
 82 18 to assist in the continued implementation including  
 82 19 credentialing of direct care workers. The department of  
 82 20 public health shall report to the persons designated in  
 82 21 division I of this Act for submission of reports regarding use  
 82 22 of the funds allocated in this lettered paragraph, on or  
 82 23 before January 10, 2010.

Allocates \$200,000 for continued implementation of the recommendations of the Direct Care Worker Task Force.

DETAIL: This is an increase of \$125,000 compared to the FY 2009 allocation. The Department is permitted to use the funds to hire an additional FTE position to study the process of credentialing direct care workers.

82 24 g. (1) Of the funds appropriated in this subsection,  
 82 25 \$150,000 shall be used for allocation to an independent

Allocates \$150,000 to enhance the recruitment and retention of direct care workers in health and long-term care.

82 26 statewide direct care worker association for education,  
82 27 outreach, leadership development, mentoring, and other  
82 28 initiatives intended to enhance the recruitment and retention  
82 29 of direct care workers in health and long-term care.

DETAIL: This is an increase of \$10,000 compared to the FY 2009 allocation.

82 30 (2) Of the funds appropriated in this subsection, \$70,000  
82 31 shall be used to provide conference scholarships to direct  
82 32 care workers.

Allocates \$70,000 for conference scholarships for direct care workers.

DETAIL: Maintains the current level of support. This allocation was previously funded under the Medical Assistance Program through federal civil monetary penalties from nursing homes.

82 33 (3) The association specified in this lettered paragraph  
82 34 shall report to the persons designated in division I of this  
82 35 Act for submission of reports on or before January 1, 2010,  
83 1 the use of the funds allocated in this lettered paragraph, any  
83 2 progress made regarding the initiatives specified and in  
83 3 expanding the association statewide, and the number of  
83 4 scholarships provided, and shall include in the report a copy  
83 5 of the association's internal revenue service form 990.

Requires the Statewide Direct Care Worker Association to submit a report and Federal 990 Tax Form to the Chairpersons and Ranking Members of the Health and Human Services Appropriations Subcommittee, Legislative Caucus Staffs, and the Legislative Services Agency by January 1, 2010.

83 6 h. The department may utilize one of the full-time  
83 7 equivalent positions authorized in this subsection for  
83 8 administration of the activities related to the Iowa  
83 9 collaborative safety net provider network.

Requires the Department to utilize 1.00 FTE position for administration of activities related to the Iowa Collaborative Safety Net Provider Network.

83 10 i. The department may utilize one of the full-time  
83 11 equivalent positions authorized in this subsection for  
83 12 administration of the volunteer health care provider program  
83 13 pursuant to section 135.24.

Requires the Department to utilize 1.00 FTE position for administration of the Voluntary Health Care Provider Program.

83 14 j. Of the funds appropriated in this subsection, \$222,870  
83 15 shall be transferred to the department of elder affairs to be  
83 16 used for unmet needs.

Transfers \$222,870 from the Department of Public Health to the Department of Elder Affairs to be used for unmet needs for elderly services.

83 17 Sec. 61. DEPARTMENT OF HUMAN SERVICES. In addition to any  
 83 18 other appropriation made in this Act for the purposes  
 83 19 designated, there is appropriated from the health care trust  
 83 20 fund created in section 453A.35A to the department of human  
 83 21 services for the fiscal year beginning July 1, 2009, and  
 83 22 ending June 30, 2010, the following amount, or so much thereof  
 83 23 as is necessary, for the purpose designated:  
 83 24 MEDICAL ASSISTANCE  
 83 25 ..... \$111,834,156

Health Care Trust Fund appropriation to the Medicaid Program.

DETAIL: This is a decrease of \$3,109,140 compared to the estimated net FY 2009 appropriation.

83 26 Sec. 62. Section 453A.35, subsection 1, Code 2009, is  
 83 27 amended to read as follows:  
 83 28 1. The proceeds derived from the sale of stamps and the  
 83 29 payment of taxes, fees, and penalties provided for under this  
 83 30 chapter, and the permit fees received from all permits issued  
 83 31 by the department, shall be credited to the general fund of  
 83 32 the state. However, ~~beginning July 1, 2007,~~ of the revenues  
 83 33 generated from the tax on cigarettes pursuant to section  
 83 34 453A.6, subsection 1, and from the tax on tobacco products as  
 83 35 specified in section 453A.43, subsections 1, 2, 3, and 4, and  
 84 1 credited to the general fund of the state under this  
 84 2 subsection, there is appropriated, annually, to the health  
 84 3 care trust fund created in section 453A.35A, the first one  
 84 4 hundred ~~twenty-seven~~ seventeen million six ~~seven~~  
 84 5 ninety-six thousand dollars.

CODE: Reduces the transfer of the \$127,600,000 of revenue to the Health Care Trust Fund from the General Fund to \$117,796,000.

DETAIL: This is a decrease of \$9,804,000 compared to the FY 2009 transfer.

84 6 DIVISION V  
 84 7 IOWACARE

84 8 Sec. 63. 2008 Iowa Acts, chapter 1187, section 44,  
 84 9 subsection 3, is amended to read as follows:  
 84 10 3. There is appropriated from the IowaCare account created  
 84 11 in section 249J.24 to the department of human services for the  
 84 12 fiscal year beginning July 1, 2008, and ending June 30, 2009,  
 84 13 the following amount, or so much thereof as is necessary, to

CODE: Increases the FY 2009 IowaCare Account appropriation by \$6,000,000 for a total of \$46,000,000 to Broadlawns Medical Center. In addition, Broadlawns is guaranteed at least \$41,000,000 as part of an agreement to provide \$38,000,000 in Polk County property tax dollars to draw down federal financial participation.

84 14 be used for the purposes designated:  
 84 15 For distribution to a publicly owned acute care teaching  
 84 16 hospital located in a county with a population over three  
 84 17 hundred fifty thousand for the provision of medical and  
 84 18 surgical treatment of indigent patients, for provision of  
 84 19 services to members of the expansion population pursuant to  
 84 20 chapter 249J, and for medical education:  
 84 21 ..... \$ ~~40,000,000~~  
 84 22 46,000,000  
 84 23 Notwithstanding any provision of law to the contrary, the  
 84 24 amount appropriated in this subsection shall be allocated in  
 84 25 twelve equal monthly payments as provided in section 249J.24.  
 84 26 Any amount appropriated in this subsection in excess of  
 84 27 \$ ~~37,000,000~~ 41,000,000 shall be allocated only if federal  
 84 28 funds are available to match the amount allocated.

84 29 Sec. 64. IOWACARE ACCOUNT == DISTRIBUTION AND DEPOSIT OF  
 84 30 PROCEEDS OF HOSPITAL TAX LEVY.

CODE: Increases the amount collected in Polk County property tax from \$34,000,000 to \$38,000,000 for FY 2009.

84 31 1. Notwithstanding the total amount of proceeds  
 84 32 distributed pursuant to section 249J.24, subsection 6,  
 84 33 paragraph "a", unnumbered paragraph 1, for the fiscal period  
 84 34 beginning July 1, 2008, and ending June 30, 2009, the county  
 84 35 treasurer of a county with a population over 350,000 in which  
 85 1 a publicly owned acute care teaching hospital is located shall  
 85 2 distribute the proceeds collected pursuant to section 347.7 in  
 85 3 a total amount of \$38,000,000, which would otherwise be  
 85 4 distributed to the county hospital, to the treasurer of state  
 85 5 for deposit in the IowaCare account.

85 6 2. Notwithstanding the amount collected and distributed  
 85 7 for deposit in the IowaCare account pursuant to section  
 85 8 249J.24, subsection 6, paragraph "a", subparagraph (2), a  
 85 9 maximum of \$21,000,000 in proceeds collected pursuant to  
 85 10 section 347.7 between January 1, 2009, and June 30, 2009,  
 85 11 shall be distributed to the treasurer of state for deposit in  
 85 12 the IowaCare account and collections during this time in

CODE: Increases the second of two collections of Polk County tax revenue from \$17,000,000 to \$21,000,000 for FY 2009.

85 13 excess of a maximum of \$21,000,000 shall be distributed to the  
85 14 acute care teaching hospital identified in section 249J.24,  
85 15 subsection 6. However, if the collections for the period  
85 16 between January 1, 2009, and June 30, 2009, do not equal at  
85 17 least \$21,000,000, the initial proceeds collected pursuant to  
85 18 section 347.7 between January 1, 2009, and June 30, 2009, that  
85 19 are in excess of \$17,000,000 and which are distributed to the  
85 20 acute care teaching hospital identified in section 249J.24,  
85 21 subsection 6, shall be redistributed to the treasurer of state  
85 22 for deposit in the IowaCare account in a total amount not to  
85 23 exceed a maximum of \$21,000,000.

85 24 Sec. 65. EFFECTIVE DATE == RETROACTIVITY. This division  
85 25 of this Act, being deemed of immediate importance, takes  
85 26 effect upon enactment and is retroactively applicable to July  
85 27 1, 2008.

This Division is effective on enactment and retroactive to July 1, 2008.

85 28 DIVISION VI  
85 29 APPROPRIATIONS == RELATED CHANGES  
85 30 TOBACCO USE PREVENTION AND CONTROL  
85 31 INITIATIVE == HEALTHY IOWANS TOBACCO TRUST

85 32 Sec. 66. 2008 Iowa Acts, chapter 1186, section 1,  
85 33 subsection 2, paragraph a, is amended by adding the following  
85 34 new unnumbered paragraph:  
85 35 NEW UNNUMBERED PARAGRAPH . Notwithstanding section 8.33,  
86 1 moneys appropriated in this lettered paragraph that remain  
86 2 unencumbered or unobligated at the close of the fiscal year  
86 3 shall not revert but shall remain available for expenditure  
86 4 for the purposes designated until the close of the succeeding  
86 5 fiscal year.

CODE: Requires nonreversion of the Healthy Iowans Tobacco Trust  
FY 2009 appropriation for tobacco use prevention and control in the  
Department of Public Health (DPH) to FY 2010. The Act caps the  
amount of total carryforward from multiple sources to \$1,000,000.

DETAIL: This Section is effective on enactment.

86 6 ADDICTIVE DISORDERS == GENERAL FUND

86 7 Sec. 67. 2008 Iowa Acts, chapter 1187, section 2,

CODE: Requires nonreversion of the General Fund appropriation for



86 8 subsection 1, is amended by adding the following new  
 86 9 paragraph:  
 86 10 NEW PARAGRAPH . c. Notwithstanding section 8.33, moneys  
 86 11 appropriated in this subsection that remain unencumbered or  
 86 12 unobligated at the close of the fiscal year shall not revert  
 86 13 but shall remain available for expenditure for the purposes  
 86 14 designated until the close of the succeeding fiscal year.

addictive disorders in the Department of Public Health (DPH) to FY 2010. The Act caps the amount of total carryforward from multiple sources to \$1,000,000.

DETAIL: This Section is effective on enactment.

#### 86 15 IOWA VETERANS HOME FTES

86 16 Sec. 68. 2008 Iowa Acts, chapter 1187, section 4,  
 86 17 subsection 2, is amended to read as follows:  
 86 18 2. IOWA VETERANS HOME  
 86 19 For salaries, support, maintenance, and miscellaneous  
 86 20 purposes ~~, and for not more than the following full-time~~  
 86 21 ~~equivalent positions :~~

86 22 ..... \$ 12,694,154  
 86 23 ..... ~~FTEs 951.95~~

86 24 a. The Iowa veterans home billings involving the  
 86 25 department of human services shall be submitted to the  
 86 26 department on at least a monthly basis.  
 86 27 b. If there is a change in the employer of employees  
 86 28 providing services at the Iowa veterans home under a  
 86 29 collective bargaining agreement, such employees and the  
 86 30 agreement shall be continued by the successor employer as  
 86 31 though there had not been a change in employer.

CODE: Eliminates the FY 2009 FTE cap for the Iowa Veterans Home.

DETAIL: This Section is effective on enactment.

86 32 c. The funds appropriated in this section that remain  
 86 33 available for expenditure for the succeeding fiscal year  
 86 34 pursuant to section 35D.18, subsection 5, shall be distributed  
 86 35 to be used in the succeeding fiscal year in accordance with  
 87 1 this lettered paragraph. The first \$1,000,000 shall remain  
 87 2 available to be used for the purposes of the Iowa veterans  
 87 3 home. On or before October 15, 2009, the department of  
 87 4 management shall transfer \$1,833,333 to the appropriation for

CODE: Requires the initial \$1,000,000 of the FY 2009 carryforward from the Iowa Veterans Home to be used for the Home. Transfers \$1,833,333 from the FY 2009 carryforward to the Medical Assistance Program for the annualization of the FY 2009 rebasing costs incurred in FY 2010. Requires the remaining carryforward to be used for the Home.

DETAIL: It is estimated that the Home will carry forward \$6,000,000 from FY 2009 in total prior to the specified requirements of use.

87 5 the medical assistance program to be used for rebasing of  
 87 6 hospital reimbursement under the medical assistance program.  
 87 7 Any remaining funding shall be used for purposes of the Iowa  
 87 8 veterans home.

87 9 FEDERAL TEMPORARY ASSISTANCE FOR NEEDY FAMILIES  
 87 10 BLOCK GRANT == FAMILY INVESTMENT PROGRAM

87 11 Sec. 69. 2008 Iowa Acts, chapter 1187, section 5, is  
 87 12 amended by adding the following new unnumbered paragraph:  
 87 13 NEW UNNUMBERED PARAGRAPH . Notwithstanding section 8.33,  
 87 14 moneys appropriated in this section that remain unencumbered  
 87 15 or unobligated at the close of the fiscal year shall not  
 87 16 revert but shall remain available for expenditure for the  
 87 17 family investment program until the close of the succeeding  
 87 18 fiscal year.

CODE: Requires nonreversion of the TANF appropriation for the Family Investment Program (FIP) in the DHS to FY 2010.

DETAIL: This Section is effective on enactment.

87 19 MEDICAL ASSISTANCE

87 20 Sec. 70. 2008 Iowa Acts, chapter 1187, section 9,  
 87 21 unnumbered paragraph 2, is amended to read as follows:  
 87 22 For medical assistance reimbursement and associated costs  
 87 23 as specifically provided in the reimbursement methodologies in  
 87 24 effect on June 30, 2008, except as otherwise expressly  
 87 25 authorized by law, including reimbursement for abortion  
 87 26 services which shall be available under the medical assistance  
 87 27 program only for those abortions which are medically  
 87 28 necessary:  
 87 29 ..... \$ ~~649,629,269~~  
 87 30 587,884,830

CODE: Decreases the FY 2009 Medicaid appropriation.

DETAIL: This is a decrease of \$61,744,439 to reflect an across-the-board budget reduction and additional funds available through the federal American Reinvestment and Recovery Act of 2009.

87 31 TRAINING FOR CHILD WELFARE SERVICES PROVIDERS

87 32 Sec. 71. 2008 Iowa Acts, chapter 1187, section 9,

Allocates \$250,000 to the Department of Human Services for training

87 33 subsection 20, paragraph c, subparagraph (6), is amended to  
87 34 read as follows:

87 35 (6) For training for child welfare services providers,  
88 1 \$250,000. The training shall be developed by the department  
88 2 in collaboration with the coalition for children and family  
88 3 services in Iowa. Notwithstanding section 8.33, moneys  
88 4 allocated in this subparagraph that remain unencumbered or  
88 5 unobligated at the close of the fiscal year shall not revert  
88 6 but shall remain available for expenditure for the purposes  
88 7 designated until the close of the succeeding fiscal year.

of child welfare services providers. Permits unencumbered funds at the end of FY 2010 to carry forward for use in FY 2011.

88 8 EMERGENCY AND CHILDRENS MENTAL HEALTH SERVICE

88 9 Sec. 72. 2008 Iowa Acts, chapter 1187, section 9,  
88 10 subsection 20, is amended by adding the following new  
88 11 paragraph:  
88 12 NEW PARAGRAPH . cc. The department shall revise the  
88 13 provisions for the projects to implement an emergency mental  
88 14 health crisis services system and a mental health services  
88 15 system for children and youth under paragraph "c",  
88 16 subparagraphs (1) and (2), in order for services to be  
88 17 provided under both of the projects for a period of at least  
88 18 24 months. Notwithstanding section 8.33, moneys allocated for  
88 19 the projects in paragraph "c" of this subsection that remain  
88 20 unencumbered or unobligated at the close of the fiscal year  
88 21 shall not revert but shall remain available for expenditure  
88 22 for the purposes designated until the close of the fiscal year  
88 23 that begins July 1, 2010.

CODE: Requires the DHS to revise projects in the Emergency Mental Health and Children's Mental Health System and extend them to a period of 24 months and utilize existing appropriations to fund the projects through FY 2011.

88 24 Sec. 73. 2008 Iowa Acts, chapter 1187, section 9, is  
88 25 amended by adding the following new subsection:  
88 26 NEW SUBSECTION . 25. The revised appropriation made in  
88 27 this section incorporates reductions made pursuant to  
88 28 executive order number 10 issued on December 22, 2008.

CODE: Specifies that the revised Medicaid appropriation in Section 70 of this Act includes the across-the-board reduction made in Executive Order number 10.

88 29 STATE SUPPLEMENTARY ASSISTANCE

88 30 Sec. 74. 2008 Iowa Acts, chapter 1187, section 12, is  
88 31 amended by adding the following new subsection:  
88 32 NEW SUBSECTION . 4. Notwithstanding section 8.33, moneys  
88 33 appropriated in this section that remain unencumbered or  
88 34 unobligated at the close of the fiscal year shall remain  
88 35 available for expenditure for the state supplementary  
89 1 assistance program until the close of the succeeding fiscal  
89 2 year.

CODE: Requires nonreversion of FY 2009 State Supplementary Assistance Funds.

DETAIL: The estimated carryforward from FY 2009 to FY 2010 is \$500,000.

#### 89 3 FAMILY SUPPORT SUBSIDY SLOTS

89 4 Sec. 75. 2008 Iowa Acts, chapter 1187, section 19, is  
89 5 amended by adding the following new subsection:  
89 6 NEW SUBSECTION . 3. If at any time during the fiscal year,  
89 7 the amount of funding available for the family support subsidy  
89 8 program is reduced from the amount initially used to establish  
89 9 the figure for the number of family members for whom a subsidy  
89 10 is to be provided at any one time during the fiscal year,  
89 11 notwithstanding section 225C.38, subsection 2, the department  
89 12 shall revise the figure as necessary to conform to the amount  
89 13 of funding available.

Requires the Department to revise the funding available to participants in the Family Support Subsidy Program, if available funds are less than anticipated.

#### 89 14 PREGNANCY COUNSELING

89 15 Sec. 76. 2008 Iowa Acts, chapter 1187, section 30, is  
89 16 amended by adding the following new unnumbered paragraph:  
89 17 NEW UNNUMBERED PARAGRAPH . Notwithstanding section 8.33,  
89 18 moneys appropriated in this section that remain unencumbered  
89 19 or unobligated at the close of the fiscal year shall remain  
89 20 available for expenditure for the purpose designated until the  
89 21 close of the fiscal year beginning July 1, 2010.

CODE: Requires nonreversion of FY 2009 Pregnancy Counseling funds.

#### 89 22 NURSING FACILITIES

89 23 Sec. 77. 2008 Iowa Acts, chapter 1187, section 32,

CODE: Reduces the State funding cap for nursing facilities under the

89 24 subsection 1, paragraph a, subparagraph (1), is amended to  
 89 25 read as follows:  
 89 26 (1) For the fiscal year beginning July 1, 2008, the total  
 89 27 state funding amount for the nursing facility budget shall not  
 89 28 exceed ~~\$183,367,323~~ \$158,482,025 .

Medicaid Program for FY 2009 by \$26,885,298. The cap is reduced to reflect reduced State costs to reflect the 6.20% Federal Medical Assistance Match (FMAP).

DETAIL: The federal American Recovery and Reinvestment Act of 2009 reduced State funds needed to fund nursing facilities by 6.20% beginning October 1, 2009. There is no change to the overall reimbursement rate for nursing facilities.

#### 89 29 DEPARTMENT OF ELDER AFFAIRS == MATCHING FUNDS

89 30 Sec. 78. 2008 Iowa Acts, chapter 1187, section 39, is  
 89 31 amended by adding the following new subsection:  
 89 32 NEW SUBSECTION . 4. Notwithstanding section 8.33, of the  
 89 33 funds appropriated in this section, \$216,242 shall not revert  
 89 34 at the close of the fiscal year, but shall remain available to  
 89 35 provide matching funds for the senior nutrition programs and  
 90 1 the senior internship program funded through the federal  
 90 2 American Reinvestment and Recovery Act of 2009 for the period  
 90 3 during which federal funding is available under the Act.

CODE: Permits the Department of Elder Affairs to carryforward \$216,242 from the Senior Living Trust Fund to be used to match \$1,337,965 of federal funds.

DETAIL: The American Reinvestment and Recovery Act of 2009 provided additional funds to states for the Senior Nutrition Program and the Senior Internship Program and requires the State to provide 15.00% matching funds.

#### 90 4 ACCOUNT FOR HEALTH CARE TRANSFORMATION

90 5 Sec. 79. 2008 Iowa Acts, chapter 1187, section 46, is  
 90 6 amended to read as follows:  
 90 7 ~~Sec. 46. TRANSFER FROM ACCOUNT FOR HEALTH CARE~~  
 90 8 ~~TRANSFORMATION. There is transferred from the account for~~  
 90 9 ~~health care transformation created pursuant to section 249J.23~~  
 90 10 ~~to the IowaCare account created in section 249J.24 a total of~~  
 90 11 ~~\$3,000,000 for the fiscal year beginning July 1, 2008, and~~  
 90 12 ~~ending June 30, 2009.~~

CODE: Repeals the transfer of \$3,000,000 from the HCTA to the IowaCare Account.

DETAIL: With additional federal revenue resulting from matching dollars from Polk County and the federal FMAP adjustment, the funds are no longer needed.

#### 90 13 MEDICAL ASSISTANCE PROGRAM NONREVERSION

90 14 Sec. 80. 2008 Iowa Acts, chapter 1187, section 50, is

CODE: Requires nonreversion of funds remaining in the Medical

90 15 amended to read as follows:  
 90 16 SEC. 50. MEDICAL ASSISTANCE PROGRAM == ~~REVERSION TO SENIOR~~  
 90 17 ~~LIVING TRUST FUND~~ NONREVERSION FOR FY 2008=2009.  
 90 18 Notwithstanding section 8.33, if moneys appropriated for  
 90 19 purposes of the medical assistance program for the fiscal year  
 90 20 beginning July 1, 2008, and ending June 30, 2009, from the  
 90 21 general fund of the state, the senior living trust fund, the  
 90 22 healthy lowans tobacco trust fund, the health care trust fund,  
 90 23 and the property tax relief fund are in excess of actual  
 90 24 expenditures for the medical assistance program and remain  
 90 25 unencumbered or unobligated at the close of the fiscal year,  
 90 26 the excess moneys shall not revert but shall ~~be transferred to~~  
 90 27 ~~the senior living trust fund created in section 249H.4~~ remain  
 90 28 available for expenditure for the purposes of the medical  
 90 29 assistance program until the close of the fiscal year  
 90 30 beginning July 1, 2009 .

Assistance Program through FY 2010.

DETAIL: The federal American Reinvestment and Recovery Act of 2009 prohibits Medicaid stimulus funds from being deposited in a reserve or rainy day fund. This would keep any unspent funds in the Medicaid Program.

90 31 ADDICTIVE DISORDERS == HEALTH CARE TRUST FUND  
 90 32 Sec. 81. 2008 Iowa Acts, chapter 1187, section 62,  
 90 33 subsection 1, is amended by adding the following new  
 90 34 paragraph:  
 90 35 NEW PARAGRAPH . d. Notwithstanding section 8.33, moneys  
 91 1 appropriated in this subsection that remain unencumbered or  
 91 2 unobligated at the close of the fiscal year shall not revert  
 91 3 but shall remain available for expenditure for the purposes  
 91 4 designated until the close of the succeeding fiscal year.

CODE: Requires nonreversion of the FY 2009 Health Care Trust Fund addictive disorders appropriation through FY 2010.

DETAIL: This Section is effective on enactment.

#### 91 5 VIETNAM CONFLICT VETERANS BONUS FUND

91 6 Sec. 82. 2007 Iowa Acts, chapter 176, section 3,  
 91 7 unnumbered paragraph 3, as enacted by 2008 Iowa Acts, chapter  
 91 8 1187, section 68, is amended to read as follows:  
 91 9 Notwithstanding section 8.33, moneys appropriated in this  
 91 10 section that remain unencumbered or unobligated at the close  
 91 11 of the fiscal year shall not revert but shall remain available

CODE: Requires nonreversion of the FY 2008 appropriation for the Vietnam Conflict Veterans Bonus Fund through FY 2010.

DETAIL: This Section is effective on enactment.

91 12 for expenditure for the purposes designated until the close of  
 91 13 the ~~succeeding~~ fiscal year beginning July 1, 2009 .

#### 91 14 INJURED VETERANS GRANT PROGRAM

91 15 Sec. 83. 2006 Iowa Acts, chapter 1184, section 5, as  
 91 16 enacted by 2007 Iowa Acts, chapter 203, section 1, subsection  
 91 17 4, unnumbered paragraph 2, and amended by 2008 Iowa Acts,  
 91 18 chapter 1187, section 69, is amended to read as follows:  
 91 19 Notwithstanding section 8.33, moneys appropriated in this  
 91 20 subsection that remain unencumbered or unobligated at the  
 91 21 close of the fiscal year shall not revert but shall remain  
 91 22 available for expenditure for the purposes designated until  
 91 23 the close of the fiscal year beginning July 1, ~~2008~~ 2009 .

CODE: Requires nonreversion of the FY 2007 Injured Veterans Grant Program appropriation through FY 2010.

DETAIL: This Section is effective on enactment.

91 24 Sec. 84. 2008 Iowa Acts, chapter 1188, section 16, is  
 91 25 amended to read as follows:  
 91 26 SEC. 16. MEDICAL ASSISTANCE, HAWK=I, AND HAWK=I EXPANSION  
 91 27 PROGRAMS == COVERING CHILDREN == APPROPRIATION. There is  
 91 28 appropriated from the general fund of the state to the  
 91 29 department of human services for the designated fiscal years,  
 91 30 the following amounts, or so much thereof as is necessary, for  
 91 31 the purpose designated:  
 91 32 To cover children as provided in this Act under the medical  
 91 33 assistance, hawk=i, and hawk=i expansion programs and outreach  
 91 34 under the current structure of the programs:  
 91 35 FY 2008=2009 ..... \$ 4,800,000  
 92 1 FY 2009=2010 ..... \$ ~~14,800,000~~  
 92 2 4,207,001  
 92 3 FY 2010=2011 ..... \$ 24,800,000

CODE: Decreases the FY 2010 appropriation to cover children under the Medical Assistance and hawk-i Programs. This is a decrease of \$520,999 compared to the estimated net FY 2009 appropriation for a general reduction of 11.30%.

92 4 Sec. 85. CHILD CARE CREDIT FUND BALANCE TRANSFERRED.  
 92 5 Moneys in the child care credit fund that remain unencumbered  
 92 6 or unobligated at the close of the fiscal year beginning July  
 92 7 1, 2008, are transferred to the general fund of the state.

Transfers money remaining in the Child Care Credit Fund to the State General Fund at the close of FY 2009.

DETAIL: This Section is effective on enactment.

92 8 Sec. 86. ADDICTIVE DISORDERS NONREVERSION DIRECTIVE. The  
 92 9 authority provided in this division of this Act for  
 92 10 nonreversion of the appropriations for addictive disorder  
 92 11 conditions referenced in this section is limited to \$1,000,000  
 92 12 and shall be realized by applying the authority to such  
 92 13 appropriations in the following order until the limitation  
 92 14 amount is reached:  
 92 15 1. The appropriation made from the healthy lowans tobacco  
 92 16 trust in 2008 Iowa Acts, chapter 1186, section 1.  
 92 17 2. The appropriation made from the health care trust fund  
 92 18 in 2008 Iowa Acts, chapter 1187, section 62, subsection 1.  
 92 19 3. The appropriation made from the general fund of the  
 92 20 state in 2008 Iowa Acts, chapter 1187, section 2, subsection  
 92 21 1.

Specifies the order of priority for carrying forward the remaining FY 2009 Addictive Disorders funds to FY 2010 totaling \$1,000,000. This includes:

- First from the Healthy lowans Tobacco Trust Fund.
- Second from the Health Care Trust Fund.
- Third from the General Fund.

DETAIL: This Section is effective on enactment.

92 22 Sec. 87. EFFECTIVE DATE. This division of this Act, being  
 92 23 deemed of immediate importance, takes effect upon enactment.

Sections relating to the carryforward of funding are effective on enactment.

92 24 DIVISION VII  
 92 25 HEPATITIS AWARENESS

92 26 Sec. 88. Section 135.19, Code 2009, is amended to read as  
 92 27 follows:  
 92 28 135.19 VIRAL HEPATITIS PROGRAM == AWARENESS, VACCINATIONS ,  
 92 29 AND TESTING == STUDY.  
 92 30 1. If sufficient funds are appropriated by the general  
 92 31 assembly, the department shall establish and administer a  
 92 32 viral hepatitis program. The goal of the program shall be to  
 92 33 distribute information to citizens of this state who are at an  
 92 34 increased risk for exposure to viral hepatitis regarding the  
 92 35 higher incidence of hepatitis C exposure and infection among  
 93 1 these populations, the dangers presented by the disease, and  
 93 2 contacts for additional information and referrals. The  
 93 3 program shall also make available hepatitis A and hepatitis B  
 93 4 vaccinations, and hepatitis C testing.

CODE: Requires the DPH to consult with the Department of Veterans Affairs regarding the Hepatitis Awareness Program.



93 5 2. The department shall establish by rule a list of  
93 6 individuals by category who are at increased risk for viral  
93 7 hepatitis exposure. The list shall be consistent with  
93 8 recommendations developed by the centers for disease control,  
93 9 and shall be developed in consultation with the Iowa viral  
93 10 hepatitis task force and the Iowa department of veterans  
93 11 affairs . The department shall also establish by rule what  
93 12 information is to be distributed and the form and manner of  
93 13 distribution. The rules shall also establish a vaccination  
93 14 and testing program, to be coordinated by the department  
93 15 through local health departments and clinics and other  
93 16 appropriate locations .

93 17 ~~3. The department shall conduct a study to provide an~~  
93 18 ~~epidemiological profile of hepatitis C and to assess its~~  
93 19 ~~current and future impact on the state. The department shall~~  
93 20 ~~submit a report to the members of the general assembly by~~  
93 21 ~~January 1, 2008, regarding the results of the study, and shall~~  
93 22 ~~include a status report regarding the development and~~  
93 23 ~~distribution of viral hepatitis information, and the results~~  
93 24 ~~of the vaccination and testing program.~~

93 25 Sec. 89. Section 135.20, Code 2009, is repealed.

CODE: Repeals the Veterans Hepatitis C Awareness Program.  
Veterans are included in the Hepatitis Awareness Program in Section  
135.19, Code of Iowa.

93 26 DIVISION VIII

93 27 SENIOR LIVING COORDINATING UNIT

93 28 Sec. 90. Section 231.58, Code 2009, is amended by striking  
93 29 the section and inserting in lieu thereof the following:  
93 30 231.58 LONG=TERM LIVING COORDINATION.

93 31 The director may convene meetings, as necessary, of the  
93 32 director and the directors of human services, public health,  
93 33 and inspections and appeals, to assist in the coordination of  
93 34 policy, service delivery, and long=range planning relating to  
93 35 the long=term living system and older Iowans in the state.

CODE: Eliminates the Senior Living Coordinating Unit. The Director  
of Elder Affairs is given the authority to convene a meeting with the  
Department of Public Health, Department of Human Services, and the  
Department of Inspections and Appeals to assist in the coordination of  
policy, services, and planning.

94 1 The group may consult with individuals, institutions and  
94 2 entities with expertise in the area of the long-term living  
94 3 system and older lowans, as necessary, to facilitate the  
94 4 group's efforts.

94 5 Sec. 91. Section 249H.3, subsection 6, paragraph b, Code  
94 6 2009, is amended to read as follows:  
94 7 b. New construction for long-term care alternatives,  
94 8 excluding new construction of assisted-living programs or  
94 9 elder group homes, if ~~the senior living coordinating unit~~  
94 10 ~~determines that~~ new construction is more cost-effective than  
94 11 the conversion of existing space.

CODE: Eliminates the Senior Living Coordinating Unit.

94 12 Sec. 92. Section 249H.3, subsection 8, paragraph b, Code  
94 13 2009, is amended to read as follows:  
94 14 b. New construction of an assisted-living program if  
94 15 existing nursing facility beds are no longer licensed and ~~the~~  
94 16 ~~senior living coordinating unit determines that~~ new  
94 17 construction is more cost-effective than the conversion of  
94 18 existing space.

CODE: Eliminates the Senior Living Coordinating Unit.

94 19 Sec. 93. Section 249H.3, subsection 12, Code 2009, is  
94 20 amended by striking the subsection.

CODE: Eliminates the Senior Living Coordinating Unit.

94 21 Sec. 94. Section 249H.4, subsection 6, Code 2009, is  
94 22 amended by striking the subsection.

CODE: Eliminates the Senior Living Coordinating Unit.

94 23 Sec. 95. Section 249H.7, subsection 1, Code 2009, is  
94 24 amended to read as follows:  
94 25 1. ~~Beginning October 1, 2000, the~~ The department of elder  
94 26 affairs, ~~in consultation with the senior living coordinating~~  
94 27 ~~unit,~~ shall use funds appropriated from the senior living  
94 28 trust fund for activities related to the design, maintenance,  
94 29 or expansion of home and community-based services for seniors,

CODE: Eliminates the Senior Living Coordinating Unit.

94 30 including but not limited to adult day services, personal  
94 31 care, respite, homemaker, chore, and transportation services  
94 32 designed to promote the independence of and to delay the use  
94 33 of institutional care by seniors with low and moderate  
94 34 incomes. At any time that moneys are appropriated, the  
94 35 department of elder affairs ~~, in consultation with the senior~~  
95 1 ~~living coordinating unit~~, shall disburse the funds to the area  
95 2 agencies on aging.

95 3 Sec. 96. Section 249H.7, subsection 2, unnumbered  
95 4 paragraph 1, Code 2009, is amended to read as follows:  
95 5 The department of elder affairs shall adopt rules, in  
95 6 consultation with the ~~senior living coordinating unit and the~~  
95 7 area agencies on aging, pursuant to chapter 17A, to provide  
95 8 all of the following:

CODE: Eliminates the Senior Living Coordinating Unit.

95 9 Sec. 97. Section 249H.7, subsection 2, paragraph c, Code  
95 10 2009, is amended to read as follows:  
95 11 c. Other procedures the department of elder affairs deems  
95 12 necessary for the proper administration of this section ~~,~~  
95 13 ~~including but not limited to the submission of progress~~  
95 14 ~~reports, on a bimonthly basis, to the senior living~~  
95 15 ~~coordinating unit .~~

CODE: Eliminates the Senior Living Coordinating Unit.

95 16 Sec. 98. Section 249H.9, subsection 1, Code 2009, is  
95 17 amended to read as follows:  
95 18 1. The department of elder affairs and the area agencies  
95 19 on aging ~~, in consultation with the senior living coordinating~~  
95 20 ~~unit~~, shall create, on a county basis, a database directory of  
95 21 all health care and support services available to seniors.  
95 22 The department of elder affairs shall make the database  
95 23 electronically available to the public, and shall update the  
95 24 database on at least a monthly basis.

CODE: Eliminates the Senior Living Coordinating Unit.

95 25 Sec. 99. Section 249H.10, Code 2009, is amended to read as

CODE: Eliminates the Senior Living Coordinating Unit.

95 26 follows:  
95 27 249H.10 CAREGIVER SUPPORT == ACCESS AND EDUCATION  
95 28 PROGRAMS.  
95 29 The department of human services and the department of  
95 30 elder affairs, ~~in consultation with the senior living~~  
95 31 ~~coordinating unit~~, shall implement a caregiver support program  
95 32 to provide access to respite care and to provide education to  
95 33 caregivers in providing appropriate care to seniors and  
95 34 persons with disabilities. The program shall be provided  
95 35 through the area agencies on aging or other appropriate  
96 1 agencies.

96 2 DIVISION IX  
96 3 GAMBLING TREATMENT FUND ELIMINATION

96 4 Sec. 100. Section 8.57, subsection 6, paragraph e,  
96 5 subparagraph (1), Code 2009, is amended to read as follows:  
96 6 (1) Notwithstanding provisions to the contrary in sections  
96 7 99D.17 and 99F.11, for the fiscal year beginning July 1, 2000,  
96 8 and for each fiscal year thereafter, not more than a total of  
96 9 ~~sixty~~ ~~sixty=six~~ million dollars shall be deposited in the  
96 10 general fund of the state in any fiscal year pursuant to  
96 11 sections 99D.17 and 99F.11. The next fifteen million dollars  
96 12 of the moneys directed to be deposited in the general fund of  
96 13 the state in a fiscal year pursuant to sections 99D.17 and  
96 14 99F.11 shall be deposited in the vision Iowa fund created in  
96 15 section 12.72 for the fiscal year beginning July 1, 2000, and  
96 16 for each fiscal year through the fiscal year beginning July 1,  
96 17 2019. The next five million dollars of the moneys directed to  
96 18 be deposited in the general fund of the state in a fiscal year  
96 19 pursuant to sections 99D.17 and 99F.11 shall be deposited in  
96 20 the school infrastructure fund created in section 12.82 for  
96 21 the fiscal year beginning July 1, 2000, and for each fiscal  
96 22 year thereafter until the principal and interest on all bonds  
96 23 issued by the treasurer of state pursuant to section 12.81 are  
96 24 paid, as determined by the treasurer of state. The total

CODE: Increases the General Fund transfer from gambling proceeds from \$60,000,000 per year to \$66,000,000 per year. This reflects the action to fund gambling treatment programs from the General Fund and eliminate the same \$6,000,000 transfer to the Gambling Treatment Program. The change does not impact the funding remaining for the Rebuild Iowa Infrastructure Fund.

NOTE: Section 26 of SF 376 (Revenue Bonding and I-JOBS Program Act) amends the allocation of the State Wagering Tax beginning in FY 2011 for the purpose of pledging \$55,000,000 for debt service on revenue bonds.

96 25 moneys in excess of the moneys deposited in the general fund  
96 26 of the state, the vision Iowa fund, and the school  
96 27 infrastructure fund in a fiscal year shall be deposited in the  
96 28 rebuild Iowa infrastructure fund and shall be used as provided  
96 29 in this section, notwithstanding section 8.60.

96 30 Sec. 101. Section 99D.7, subsection 22, Code 2009, is  
96 31 amended to read as follows:  
96 32 22. To require licensees to establish a process to allow a  
96 33 person to be voluntarily excluded for life from a racetrack  
96 34 enclosure and all other licensed facilities under this chapter  
96 35 and chapter 99F. The process established shall require that a  
97 1 licensee disseminate information regarding persons voluntarily  
97 2 excluded to all licensees under this chapter and chapter 99F.  
97 3 The state and any licensee under this chapter or chapter 99F  
97 4 shall not be liable to any person for any claim which may  
97 5 arise from this process. In addition to any other penalty  
97 6 provided by law, any money or thing of value that has been  
97 7 obtained by, or is owed to, a voluntarily excluded person by a  
97 8 licensee as a result of wagers made by the person after the  
97 9 person has been voluntarily excluded shall not be paid to the  
97 10 person but shall be ~~deposited into~~ credited to the gambling  
97 11 treatment general fund created in section 135.150 of the  
97 12 state.

CODE: Reflects the elimination of the Gambling Treatment Fund.

97 13 Sec. 102. Section 99D.15, subsection 5, Code 2009, is  
97 14 amended by striking the subsection.

CODE: Reflects the elimination of the Gambling Treatment Fund.

97 15 Sec. 103. Section 99F.4, subsection 22, Code 2009, is  
97 16 amended to read as follows:  
97 17 22. To require licensees to establish a process to allow a  
97 18 person to be voluntarily excluded for life from an excursion  
97 19 gambling boat and all other licensed facilities under this  
97 20 chapter and chapter 99D. The process established shall  
97 21 require that a licensee disseminate information regarding

CODE: Reflects the elimination of the Gambling Treatment Fund.

97 22 persons voluntarily excluded to all licensees under this  
97 23 chapter and chapter 99D. The state and any licensee under  
97 24 this chapter or chapter 99D shall not be liable to any person  
97 25 for any claim which may arise from this process. In addition  
97 26 to any other penalty provided by law, any money or thing of  
97 27 value that has been obtained by, or is owed to, a voluntarily  
97 28 excluded person by a licensee as a result of wagers made by  
97 29 the person after the person has been voluntarily excluded  
97 30 shall not be paid to the person but shall be ~~deposited into~~  
97 31 credited to the gambling treatment general fund created in  
97 32 ~~section 135.150~~ of the state .

97 33 Sec. 104. Section 99F.11, subsection 3, paragraph c, Code  
97 34 2009, is amended by striking the paragraph.

CODE: Reflects the elimination of the Gambling Treatment Fund.

97 35 Sec. 105. Section 99G.39, subsection 1, Code 2009, is  
98 1 amended to read as follows:  
98 2 1. Upon receipt of any revenue, the chief executive  
98 3 officer shall deposit the moneys in the lottery fund created  
98 4 pursuant to section 99G.40. At least fifty percent of the  
98 5 projected annual revenue accruing from the sale of tickets or  
98 6 shares shall be allocated for payment of prizes to the holders  
98 7 of winning tickets. After the payment of prizes, the  
98 8 ~~following shall be deducted from the authority's revenue prior~~  
98 9 ~~to disbursement:~~  
98 10 ~~a. An amount equal to one-half of one percent of the gross~~  
98 11 ~~lottery revenue for the year shall be deposited in the~~  
98 12 ~~gambling treatment fund created in section 135.150.~~  
98 13 ~~b. The expenses of conducting the lottery shall be~~  
98 14 ~~deducted from the authority's revenue prior to disbursement .~~  
98 15 Expenses for advertising production and media purchases shall  
98 16 not exceed four percent of the authority's gross revenue for  
98 17 the year.

CODE: Reflects the elimination of the Gambling Treatment Fund.

98 18 Sec. 106. Section 135.150, Code 2009, is amended to read  
98 19 as follows:

CODE: Reflects the elimination of the Gambling Treatment Fund.  
Requires the DPH to continue the Gambling Treatment Program and

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98 20 135.150 GAMBLING TREATMENT FUND == PROGRAM == STANDARDS report semi-annually to the Government Oversight Committee.  
 98 21 AND LICENSING.

98 22 ~~1. A gambling treatment fund is created in the state~~  
 98 23 ~~treasury under the control of the department. The fund~~  
 98 24 ~~consists of all moneys appropriated to the fund. However, if~~  
 98 25 ~~moneys appropriated to the fund in a fiscal year exceed six~~  
 98 26 ~~million dollars, the amount exceeding six million dollars~~  
 98 27 ~~shall be transferred to the rebuild Iowa infrastructure fund~~  
 98 28 ~~created in section 8.57. Moneys in the fund are appropriated~~  
 98 29 ~~to the department for the purposes described in this section.~~

98 30 ~~2. 1. a. Moneys appropriated to the department under~~  
 98 31 ~~this section shall be for the purpose of operating. The~~  
 98 32 ~~department shall operate a gambling treatment program and~~  
 98 33 ~~shall be used for funding of administrative costs and to~~  
 98 34 ~~provide programs which may include ; but are not limited to ;~~  
 98 35 ~~outpatient and follow-up treatment for persons affected by~~  
 99 1 ~~problem gambling, rehabilitation and residential treatment~~  
 99 2 ~~programs, information and referral services, crisis call~~  
 99 3 ~~access, education and preventive services, and financial~~  
 99 4 ~~management and credit counseling services.~~

99 5 ~~b. A person shall not maintain or conduct a gambling~~  
 99 6 ~~treatment program funded under this section through the~~  
 99 7 ~~department unless the person has obtained a license for the~~  
 99 8 ~~program from the department. The department shall adopt rules~~  
 99 9 ~~to establish standards for the licensing and operation of~~  
 99 10 ~~gambling treatment programs under this section. The rules~~  
 99 11 ~~shall specify, but are not limited to specifying, the~~  
 99 12 ~~qualifications for persons providing gambling treatment~~  
 99 13 ~~services, standards for the organization and administration of~~  
 99 14 ~~gambling treatment programs, and a mechanism to monitor~~  
 99 15 ~~compliance with this section and the rules adopted under this~~  
 99 16 ~~section.~~

99 17 ~~3. Notwithstanding section 12C.7, subsection 2, interest~~  
 99 18 ~~or earnings on moneys deposited in the gambling treatment fund~~  
 99 19 ~~shall be credited to the gambling treatment fund.~~  
 99 20 ~~Notwithstanding section 8.33, moneys credited to the gambling~~  
 99 21 ~~treatment fund shall not revert to the fund from which~~  
 99 22 ~~appropriated at the close of a fiscal year.~~

99 23 4- 2. The department shall report semiannually to the  
99 24 legislative government oversight committees regarding the  
99 25 operation of the gambling treatment fund and program. The  
99 26 report shall include, but is not limited to, information on  
99 27 ~~revenues and expenses related to the fund for the previous~~  
99 28 ~~period, fund balances for the period, and the~~ moneys expended  
99 29 and grants awarded for operation of the gambling treatment  
99 30 program.

99 31 Sec. 107. GAMBLING TREATMENT FUND BALANCE TRANSFERRED ==  
99 32 EFFECTIVE DATE.

99 33 1. Moneys in the gambling treatment fund that remain  
99 34 unencumbered or unobligated at the close of the fiscal year  
99 35 beginning July 1, 2008, are transferred to the general fund of  
100 1 the state.

100 2 2. This section of this Act, being deemed of immediate  
100 3 importance, takes effect upon enactment.

Transfers the funds remaining in the Gambling Treatment Fund transfer to the State General Fund at the end of FY 2009.

DETAIL: This Section is effective on enactment.

FISCAL IMPACT: An estimated \$500,000 will be transferred from the Gambling Treatment Fund to the General Fund.

100 4 DIVISION X

100 5 CHILD DEATH REVIEW TEAM

100 6 Sec. 108. Section 135.43, subsection 1, Code 2009, is  
100 7 amended to read as follows:

100 8 1. An Iowa child death review team is established as ~~an~~  
100 9 ~~independent agency of state government~~ part of the office of  
100 10 the state medical examiner. ~~The Iowa department of public~~  
100 11 ~~health~~ office of the state medical examiner shall provide  
100 12 staffing and administrative support to the team.

CODE: Establishes the Child Death Review Team as part of the Office of the State Medical Examiner.

100 13 Sec. 109. Section 135.43, subsection 2, unnumbered  
100 14 paragraph 1, Code 2009, is amended to read as follows:  
100 15 The membership of the review team is subject to the  
100 16 provisions of sections 69.16 and 69.16A, relating to political  
100 17 affiliation and gender balance. Review team members who are  
100 18 not designated by another appointing authority shall be

CODE: Reflects the transfer of duties from the Department of Public Health to the Office of the State Medical Examiner regarding the Child Death Review Team.



100 19 appointed by the ~~director of public health~~ state medical  
100 20 examiner . Membership terms shall be for three years. A  
100 21 membership vacancy shall be filled in the same manner as the  
100 22 original appointment. The review team shall elect a  
100 23 chairperson and other officers as deemed necessary by the  
100 24 review team. The review team shall meet upon the call of the  
100 25 ~~chairperson, upon the request of a state agency,~~ state medical  
100 26 examiner or as determined by the review team. The members of  
100 27 the team are eligible for reimbursement of actual and  
100 28 necessary expenses incurred in the performance of their  
100 29 official duties. The review team shall include the following:

100 30 Sec. 110. Section 135.43, subsection 4, unnumbered  
100 31 paragraph 1, Code 2009, is amended to read as follows:  
100 32 The review team shall develop protocols for a child  
100 33 fatality review committee, to be appointed by the ~~director~~  
100 34 state medical examiner on an ad hoc basis, to immediately  
100 35 review the child abuse assessments which involve the fatality  
101 1 of a child under age eighteen. The ~~director~~ state medical  
101 2 examiner shall appoint a medical examiner, a pediatrician, and  
101 3 a person involved with law enforcement to the committee.

CODE: Reflects the transfer of duties from the Department of Public Health to the Office of the State Medical Examiner regarding the Child Death Review Team.

101 4 Sec. 111. Section 135.43, subsections 7 and 8, Code 2009,  
101 5 are amended to read as follows:  
101 6 7. a. The state medical examiner, the Iowa department of  
101 7 public health , and the department of human services shall  
101 8 adopt rules providing for disclosure of information which is  
101 9 confidential under chapter 22 or any other provision of state  
101 10 law, to the review team for purposes of performing its child  
101 11 death and child abuse review responsibilities.  
101 12 b. A person in possession or control of medical,  
101 13 investigative, assessment, or other information pertaining to  
101 14 a child death and child abuse review shall allow the  
101 15 inspection and reproduction of the information by the  
101 16 ~~department~~ office of the state medical examiner upon the  
101 17 request of the ~~department~~ office , to be used only in the

CODE: Reflects the transfer of duties from the Department of Public Health to the Office of the State Medical Examiner regarding the Child Death Review Team.

101 18 administration and for the duties of the Iowa child death  
101 19 review team. Except as provided for a report on a child  
101 20 fatality by an ad hoc child fatality review committee under  
101 21 subsection 4, information and records produced under this  
101 22 section which are confidential under section 22.7 and chapter  
101 23 235A, and information or records received from the  
101 24 confidential records, remain confidential under this section.  
101 25 A person does not incur legal liability by reason of releasing  
101 26 information to the department as required under and in  
101 27 compliance with this section.  
101 28 8. Review team members and their agents are immune from  
101 29 any liability, civil or criminal, which might otherwise be  
101 30 incurred or imposed as a result of any act, omission,  
101 31 proceeding, decision, or determination undertaken or  
101 32 performed, or recommendation made as a review team member or  
101 33 agent provided that the review team members or agents acted in  
101 34 good faith and without malice in carrying out their official  
101 35 duties in their official capacity. The ~~department~~ state  
102 1 medical examiner shall adopt rules pursuant to chapter 17A to  
102 2 administer this subsection. A complainant bears the burden of  
102 3 proof in establishing malice or lack of good faith in an  
102 4 action brought against review team members involving the  
102 5 performance of their duties and powers under this section.

102 6 Sec. 112. Section 691.6, Code 2009, is amended by adding  
102 7 the following new subsection:  
102 8 NEW SUBSECTION . 10. To provide staffing and support for  
102 9 the child death review team and any child fatality review  
102 10 committee under section 135.43.

CODE: Requires the State Medical Examiner to provide staffing and support for the Child Death Review Team.

102 11 Sec. 113. CHILD DEATH REVIEW TEAM RULES. The rules  
102 12 adopted by the department of public health for purposes of the  
102 13 child death review team under section 135.43 shall remain in  
102 14 effect until replaced by rules adopted for purposes of that  
102 15 section by the state medical examiner. Until replacement  
102 16 rules are adopted, the office of the state medical examiner

Requires the Department of Public Health administrative rules for the Child Death Review Team to remain in effect until replacement rules are adopted by the Office of the State Medical Examiner.

102 17 shall fulfill the duties assigned to the department of public  
102 18 health under the rules being replaced.

102 19 DIVISION XI

102 20 PUBLIC HEALTH MODERNIZATION

102 21 Sec. 114. LEGISLATIVE FINDINGS AND INTENT == PURPOSE. The  
102 22 general assembly finds all of the following:

Specifies Legislative intent for Iowa's Public Health System.

102 23 1. A sound public health system is vital to the good  
102 24 health of all Iowans. Iowa's public health system reduces  
102 25 health care costs by promoting healthy behaviors, preventing  
102 26 disease and injury, and protecting the health of the  
102 27 population.

102 28 2. The current foundation and organizational capacity for  
102 29 the governmental public health system does not allow for the  
102 30 equitable delivery of public health services. Governmental  
102 31 public health is provided by county boards of health, city  
102 32 boards of health, one district board of health, the state  
102 33 board of health, and the department. Varying degrees of  
102 34 authority, administration, and organizational capacity for  
102 35 providing public health services exist from community to  
103 1 community.

103 2 3. The Iowa public health modernization Act will allow  
103 3 boards of health, designated local public health agencies, and  
103 4 the department to increase system capacity, improve the  
103 5 equitable delivery of public health services, address quality  
103 6 improvement, improve system performance, and provide a  
103 7 foundation to measure outcomes through a voluntary  
103 8 accreditation program. The Iowa public health modernization  
103 9 Act will assure the public of the availability of a basic  
103 10 level of public health service in every community.

103 11 4. The Iowa public health modernization Act is the result  
103 12 of extensive collaboration among governmental public health  
103 13 entities, including local boards of health, local public  
103 14 health agencies, the department, and the state board of  
103 15 health; academia; and professional associations.

103 16 Sec. 115. NEW SECTION . 135A.1 SHORT TITLE.  
103 17 This chapter shall be known and may be cited as the "Iowa  
103 18 Public Health Modernization Act".

CODE: Establishes Chapter 135A.1, Code of Iowa, as the Iowa Public Health Modernization Act.

103 19 Sec. 116. NEW SECTION . 135A.2 DEFINITIONS.  
103 20 As used in this chapter, unless the context otherwise  
103 21 requires, the following definitions apply:  
103 22 1. "Academic institution" means an institution of higher  
103 23 education in the state which grants undergraduate and  
103 24 postgraduate degrees and is accredited by a nationally  
103 25 recognized accrediting agency as determined by the United  
103 26 States secretary of education. For purposes of this  
103 27 definition, "accredited" means a certification of the quality  
103 28 of an institution of higher education.  
103 29 2. "Accrediting entity" means a legal, independent,  
103 30 nonprofit or governmental entity or entities approved by the  
103 31 state board of health for the purpose of accrediting  
103 32 designated local public health agencies and the department  
103 33 pursuant to the voluntary accreditation program developed  
103 34 under this chapter.  
103 35 3. "Administration" means the operational procedures,  
104 1 personnel and fiscal management systems, and facility  
104 2 requirements that must be in place for the delivery and  
104 3 assurance of public health services.  
104 4 4. "Committee" means the governmental public health  
104 5 evaluation committee as established in this chapter.  
104 6 5. "Communication and information technology" means the  
104 7 processes, procedures, and equipment needed to provide public  
104 8 information and transmit and receive information among public  
104 9 health entities and community partners; and applies to the  
104 10 procedures, physical hardware, and software required to  
104 11 transmit, receive, and process electronic information.  
104 12 6. "Council" means the governmental public health advisory  
104 13 council as established in this chapter.  
104 14 7. "Department" means the department of public health.  
104 15 8. "Designated local public health agency" means an entity  
104 16 that is either governed by or contractually responsible to a

CODE: Provides for definitions related to the Public Health Modernization Act.

104 17 local board of health and designated by the local board to  
104 18 comply with the Iowa public health standards for a  
104 19 jurisdiction.  
104 20 9. "Governance" means the functions and responsibilities  
104 21 of the local boards of health and the state board of health to  
104 22 oversee governmental public health matters.  
104 23 10. "Governmental public health system" means the system  
104 24 described in section 135A.6.  
104 25 11. "Iowa public health standards" means the governmental  
104 26 public health standards adopted by rule by the state board of  
104 27 health.  
104 28 12. "Local board of health" means a county or district  
104 29 board of health.  
104 30 13. "Organizational capacity" means the governmental  
104 31 public health infrastructure that must be in place in order to  
104 32 deliver public health services.  
104 33 14. "Public health region" means, at a minimum, one of six  
104 34 geographical areas approved by the state board of health for  
104 35 the purposes of coordination, resource sharing, and planning  
105 1 and to improve delivery of public health services.  
105 2 15. "Public health services" means the basic public health  
105 3 services that all Iowans should reasonably expect to be  
105 4 provided by designated local public health agencies and the  
105 5 department.  
105 6 16. "Voluntary accreditation" means verification of a  
105 7 designated local public health agency or the department that  
105 8 demonstrates compliance with the Iowa public health standards  
105 9 by an accrediting entity.  
105 10 17. "Workforce" means the necessary qualified and  
105 11 competent staff required to deliver public health services.

105 12 Sec. 117. NEW SECTION. 135A.3 GOVERNMENTAL PUBLIC HEALTH  
105 13 SYSTEM MODERNIZATION == LEAD AGENCY.

105 14 1. The department is designated as the lead agency in this  
105 15 state to administer this chapter.

105 16 2. The department, in collaboration with the governmental  
105 17 public health advisory council and the governmental public

CODE: Establishes the Department of Public Health as the lead State  
agency to administer the Public Health Modernization Act.

105 18 health evaluation committee, shall coordinate implementation  
105 19 of this chapter including but not limited to the voluntary  
105 20 accreditation of designated local public health agencies and  
105 21 the department in accordance with the Iowa public health  
105 22 standards. Such implementation shall include evaluation of  
105 23 and quality improvement measures for the governmental public  
105 24 health system.

105 25 Sec. 118. NEW SECTION. 135A.4 GOVERNMENTAL PUBLIC HEALTH  
105 26 ADVISORY COUNCIL.

CODE: Establishes the Governmental Public Health Advisory Council  
and provides for the Council's membership and responsibilities.

105 27 1. A governmental public health advisory council is  
105 28 established to advise the department and make policy  
105 29 recommendations to the director of the department concerning  
105 30 administration, implementation, and coordination of this  
105 31 chapter and to make recommendations to the department  
105 32 regarding the governmental public health system. The council  
105 33 shall meet at a minimum of quarterly. The council shall  
105 34 consist of no fewer than fifteen members and no greater than  
105 35 twenty=three members. The members shall be appointed by the  
106 1 director. The director may solicit and consider  
106 2 recommendations from professional organizations, associations,  
106 3 and academic institutions in making appointments to the  
106 4 council.

106 5 2. Council members shall not be members of the  
106 6 governmental public health evaluation committee.

106 7 3. Council members shall serve for a term of two years and  
106 8 may be reappointed for a maximum of three consecutive terms.  
106 9 Initial appointment shall be in staggered terms. Vacancies  
106 10 shall be filled for the remainder of the original appointment.

106 11 4. The membership of the council shall satisfy all of the  
106 12 following requirements:

106 13 a. One member who has expertise in injury prevention.  
106 14 b. One member who has expertise in environmental health.  
106 15 c. One member who has expertise in emergency preparedness.  
106 16 d. One member who has expertise in health promotion and  
106 17 chronic disease prevention.  
106 18 e. One member who has epidemiological expertise in

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106 19 communicable and infectious disease prevention and control.  
106 20 f. One member representing each of Iowa's six public  
106 21 health regions who is an employee of a designated local public  
106 22 health agency or member of a local board of health. Such  
106 23 members shall include a minimum of one local public health  
106 24 administrator and one physician member of a local board of  
106 25 health.  
106 26 g. Two members who are representatives of the department.  
106 27 h. The director of the state hygienic laboratory at the  
106 28 university of Iowa, or the director's designee.  
106 29 i. At least one representative from academic institutions  
106 30 which grant undergraduate and postgraduate degrees in public  
106 31 health or other related health field and are accredited by a  
106 32 nationally recognized accrediting agency as determined by the  
106 33 United States secretary of education. For purposes of this  
106 34 paragraph, "accredited" means a certification of the quality  
106 35 of an institution of higher education.  
107 1 j. Two members who serve on a county board of supervisors.  
107 2 k. Four nonvoting, ex officio members who shall consist of  
107 3 four members of the general assembly, two from the senate and  
107 4 two from the house of representatives, with not more than one  
107 5 member from each chamber being from the same political party.  
107 6 The two senators shall be designated one member each by the  
107 7 majority leader of the senate after consultation with the  
107 8 president and by the minority leader of the senate. The two  
107 9 representatives shall be designated one member each by the  
107 10 speaker of the house of representatives after consultation  
107 11 with the majority leader of the house of representatives and  
107 12 by the minority leader of the house of representatives.  
107 13 l. A member of the state board of health who shall be a  
107 14 nonvoting, ex officio member.  
107 15 5. The council may utilize other relevant public health  
107 16 expertise when necessary to carry out its roles and  
107 17 responsibilities.  
107 18 6. The council shall do all of the following:  
107 19 a. Advise the department and make policy recommendations  
107 20 to the director of the department concerning administration,  
107 21 implementation, and coordination of this chapter and the

107 22 governmental public health system.  
107 23 b. Propose to the director public health standards that  
107 24 should be utilized for voluntary accreditation of designated  
107 25 local public health agencies and the department that include  
107 26 but are not limited to the organizational capacity and public  
107 27 health service components described in section 135A.6,  
107 28 subsection 1, by October 1, 2009.  
107 29 c. Recommend to the department an accrediting entity and  
107 30 identify the roles and responsibilities for the oversight and  
107 31 implementation of the voluntary accreditation of designated  
107 32 local public health agencies and the department by January 2,  
107 33 2010. This shall include completion of a pilot accreditation  
107 34 process for one designated local public health agency and the  
107 35 department by July 1, 2011.  
108 1 d. Recommend to the director strategies to implement  
108 2 voluntary accreditation of designated local public health  
108 3 agencies and the department effective January 2, 2012.  
108 4 e. Periodically review and make recommendations to the  
108 5 department regarding revisions to the public health standards  
108 6 pursuant to paragraph "b", as needed and based on reports  
108 7 prepared by the governmental public health evaluation  
108 8 committee pursuant to section 135A.5.  
108 9 f. Review rules developed and adopted by the state board  
108 10 of health under this chapter and make recommendations to the  
108 11 department for revisions to further promote implementation of  
108 12 this chapter and modernization of the governmental public  
108 13 health system.  
108 14 g. Form and utilize subcommittees as necessary to carry  
108 15 out the duties of the council.

108 16 Sec. 119. NEW SECTION . 135A.5 GOVERNMENTAL PUBLIC HEALTH  
108 17 EVALUATION COMMITTEE.  
108 18 1. A governmental public health evaluation committee is  
108 19 established to develop, implement, and evaluate the  
108 20 governmental public health system and voluntary accreditation  
108 21 program. The committee shall meet at least quarterly. The  
108 22 committee shall consist of no fewer than eleven members and no

CODE: Establishes the Governmental Public Health Evaluation Committee and provides for the Committee's membership and responsibilities.



108 23 greater than thirteen members. The members shall be appointed  
108 24 by the director of the department. The director may solicit  
108 25 and consider recommendations from professional organizations,  
108 26 associations, and academic institutions in making appointments  
108 27 to the committee.

108 28 2. Committee members shall not be members of the  
108 29 governmental public health advisory council.

108 30 3. Committee members shall serve for a term of two years  
108 31 and may be reappointed for a maximum of three consecutive  
108 32 terms. Initial appointment shall be in staggered terms.  
108 33 Vacancies shall be filled for the remainder of the original  
108 34 appointment.

108 35 4. The membership of the committee shall satisfy all of  
109 1 the following requirements:

109 2 a. At least one member representing each of Iowa's six  
109 3 public health regions. Each representative shall be an  
109 4 employee or administrator of a designated local public health  
109 5 agency or a member of a local board of health. Such members  
109 6 shall be appointed to ensure expertise in the areas of  
109 7 communicable and infectious diseases, environmental health,  
109 8 injury prevention, healthy behaviors, and emergency  
109 9 preparedness.

109 10 b. Two members who are representatives of the department.

109 11 c. A representative of the state hygienic laboratory at  
109 12 the university of Iowa.

109 13 d. At least two representatives from academic institutions  
109 14 which grant undergraduate and postgraduate degrees in public  
109 15 health or other health-related fields.

109 16 e. At least one economist who has demonstrated experience  
109 17 in public health, health care, or a health-related field.

109 18 f. At least one research analyst.

109 19 5. The committee may utilize other relevant public health  
109 20 expertise when necessary to carry out its roles and  
109 21 responsibilities.

109 22 6. The committee shall do all of the following:

109 23 a. Develop and implement processes for evaluation of the  
109 24 governmental public health system and the voluntary  
109 25 accreditation program.

109 26 b. Collect and report baseline information for  
109 27 organizational capacity and public health service delivery  
109 28 based on the Iowa public health standards prior to  
109 29 implementation of the voluntary accreditation program on  
109 30 January 2, 2012.  
109 31 c. Evaluate the effectiveness of the accrediting entity  
109 32 and the voluntary accreditation process.  
109 33 d. Evaluate the appropriateness of the Iowa public health  
109 34 standards and develop measures to determine reliability and  
109 35 validity.  
110 1 e. Determine what process and outcome improvements in the  
110 2 governmental public health system are attributable to  
110 3 voluntary accreditation.  
110 4 f. Assure that the evaluation process is capturing data to  
110 5 support key research in public health system effectiveness and  
110 6 health outcomes.  
110 7 g. Annually submit a report to the department by July 1.  
110 8 h. Form and utilize subcommittees as necessary to carry  
110 9 out the duties of the committee.

110 10 Sec. 120. NEW SECTION . 135A.6 GOVERNMENTAL PUBLIC HEALTH  
110 11 SYSTEM.

110 12 1. The governmental public health system, in accordance  
110 13 with the Iowa public health standards, shall include but not  
110 14 be limited to the following organizational capacity components  
110 15 and public health service components:  
110 16 a. Organizational capacity components shall include all of  
110 17 the following:  
110 18 (1) Governance.  
110 19 (2) Administration.  
110 20 (3) Communication and information technology.  
110 21 (4) Workforce.  
110 22 (5) Community assessment and planning. This component  
110 23 consists of collaborative data collection and analysis for the  
110 24 completion of population-based community health assessments  
110 25 and community health profiles and the process of developing  
110 26 improvement plans to address the community health needs and

CODE: Provides for the components and entities included in the  
Governmental Public Health System.

110 27 identified gaps in public health services.  
110 28 (6) Evaluation.  
110 29 b. Public health service components shall include all of  
110 30 the following:  
110 31 (1) Prevention of epidemics and the spread of disease.  
110 32 This component includes the surveillance, detection,  
110 33 investigation, and prevention and control measures that  
110 34 prevent, reduce, or eliminate the spread of infectious  
110 35 disease.  
111 1 (2) Protection against environmental hazards. This  
111 2 component includes activities that reduce or eliminate the  
111 3 risk factors detrimental to the public's health within the  
111 4 natural or man-made environment.  
111 5 (3) Prevention of injuries. This component includes  
111 6 activities that facilitate the prevention, reduction, or  
111 7 elimination of intentional and unintentional injuries.  
111 8 (4) Promotion of healthy behaviors. This component  
111 9 includes activities to assure services that promote healthy  
111 10 behaviors to prevent chronic disease and reduce illness.  
111 11 (5) Preparation for, response to, and recovery from public  
111 12 health emergencies. This component includes activities to  
111 13 prepare the public health system and community partners to  
111 14 respond to public health threats, emergencies, and disasters  
111 15 and to assist in the recovery process.  
111 16 2. The governmental public health system shall include but  
111 17 not be limited to the following entities:  
111 18 a. Local boards of health.  
111 19 b. State board of health.  
111 20 c. Designated local public health agencies.  
111 21 d. The department.

111 22 Sec. 121. NEW SECTION . 135A.7 GOVERNMENTAL PUBLIC HEALTH  
111 23 SYSTEM AND ACCREDITATION DATA COLLECTION SYSTEM.  
111 24 1. The department shall establish and maintain a  
111 25 governmental public health system and an accreditation data  
111 26 collection system by which the state board of health, the  
111 27 director, the department, the council, and the committee may

CODE: Implements the Governmental Public Health System and Accreditation Data Collection System to facilitate communication between State and local entities.

111 28 monitor the implementation and effectiveness of the  
111 29 governmental public health system based on the Iowa public  
111 30 health standards.  
111 31 2. Notwithstanding section 22.7 or any other provision of  
111 32 law, local boards of health shall provide to the department  
111 33 and the accrediting entity upon request all data and  
111 34 information necessary to determine the local board's capacity  
111 35 to comply with the Iowa public health standards, including but  
112 1 not limited to data and information regarding governance,  
112 2 administration, communication and information technology,  
112 3 workforce, personnel, staffing, budget, contracts, and other  
112 4 program and agency information.  
112 5 3. The department may share any data or information  
112 6 collected pursuant to this section with the council or the  
112 7 committee as necessary to perform the duties of the council  
112 8 and committee. Data and information provided to the  
112 9 department under this section which are confidential pursuant  
112 10 to section 22.7, subsection 2, 11, or 50, section 139A.3, or  
112 11 other provision of law, remain confidential and shall not be  
112 12 released by the department, the council, or the committee.  
112 13 4. During the pendency of the accreditation process, all  
112 14 accreditation files and reports prepared for or maintained by  
112 15 the accrediting entity are confidential and are not subject to  
112 16 discovery, subpoena, or other means of legal compulsion for  
112 17 their release. After the accrediting entity has issued its  
112 18 recommendation or report only the preliminary drafts of the  
112 19 recommendation or report, and records otherwise confidential  
112 20 pursuant to chapter 22 or other provision of state or federal  
112 21 law, shall remain confidential and are not subject to  
112 22 discovery, subpoena, or other means of legal compulsion for  
112 23 their release.  
112 24 5. To the extent possible, activities under this section  
112 25 shall be coordinated with other health data collection systems  
112 26 including those maintained by the department.

112 27 Sec. 122. NEW SECTION . 135A.8 GOVERNMENTAL PUBLIC HEALTH  
112 28 SYSTEM FUND.

CODE: Establishes the Governmental Public Health System Fund in  
the State Treasury under the control of the Department of Public

112 29 1. The department is responsible for the funding of the  
112 30 administrative costs for implementation of this chapter. A  
112 31 governmental public health system fund is created as a  
112 32 separate fund in the state treasury under the control of the  
112 33 department. The fund shall consist of moneys obtained from  
112 34 any source, including the federal government, unless otherwise  
112 35 prohibited by law or the entity providing the funding. Moneys  
113 1 deposited in the fund are appropriated to the department for  
113 2 the public health purposes specified in this chapter. Moneys  
113 3 in the fund shall not be transferred, used, obligated,  
113 4 appropriated, or otherwise encumbered except as provided in  
113 5 this section. Notwithstanding section 8.33, moneys in the  
113 6 governmental public health system fund at the end of the  
113 7 fiscal year shall not revert to any other fund but shall  
113 8 remain in the fund for subsequent fiscal years.

113 9 2. The fund is established to assist local boards of  
113 10 health and the department with the provision of governmental  
113 11 public health system organizational capacity and public health  
113 12 service delivery and to achieve and maintain voluntary  
113 13 accreditation in accordance with the Iowa public health  
113 14 standards. At least seventy percent of the funds shall be  
113 15 made available to local boards of health and up to thirty  
113 16 percent of the funds may be utilized by the department.

113 17 3. Moneys in the fund may be allocated by the department  
113 18 to a local board of health for organizational capacity and  
113 19 service delivery. Such allocation may be made on a matching,  
113 20 dollar=for=dollar basis for the acquisition of equipment, or  
113 21 by providing grants to achieve and maintain voluntary  
113 22 accreditation in accordance with the Iowa public health  
113 23 standards.

113 24 4. A local board of health seeking matching funds or  
113 25 grants under this section shall apply to the department. The  
113 26 state board of health shall adopt rules concerning the  
113 27 application and award process for the allocation of moneys in  
113 28 the fund and shall establish the criteria for the allocation  
113 29 of moneys in the fund if the moneys are insufficient to meet  
113 30 the needs of local boards of health.

Health. Funds deposited in the Fund are used to implement the  
Public Health Modernization Act.

113 31 Sec. 123. NEW SECTION . 135A.9 RULES.  
113 32 The state board of health shall adopt rules pursuant to  
113 33 chapter 17A to implement this chapter which shall include but  
113 34 are not limited to the following:  
113 35 1. Incorporation of the Iowa public health standards  
114 1 recommended to the department pursuant to section 135A.5,  
114 2 subsection 6.  
114 3 2. A voluntary accreditation process to begin no later  
114 4 than January 2, 2012, for designated local public health  
114 5 agencies and the department.  
114 6 3. Rules relating to the operation of the governmental  
114 7 public health advisory council.  
114 8 4. Rules relating to the operation of the governmental  
114 9 public health system evaluation committee.  
114 10 5. The application and award process for governmental  
114 11 public health system fund moneys.  
114 12 6. Rules relating to data collection for the governmental  
114 13 public health system and the voluntary accreditation program.  
114 14 7. Rules otherwise necessary to implement the chapter.

CODE: Designates the State Board of Health as the entity to create administrative rules to implement the Public Health Modernization Act.

114 15 Sec. 124. NEW SECTION . 135A.10 PROHIBITED ACTS ==  
114 16 FRAUDULENTLY CLAIMING ACCREDITATION == CIVIL PENALTY.  
114 17 A local board of health or local public health agency that  
114 18 imparts or conveys, or causes to be imparted or conveyed,  
114 19 information claiming that it is accredited pursuant to this  
114 20 chapter or that uses any other term to indicate or imply it is  
114 21 accredited without being accredited under this chapter is  
114 22 subject to a civil penalty not to exceed one thousand dollars  
114 23 per day for each offense. However, nothing in this chapter  
114 24 shall be construed to restrict a local board of health or  
114 25 local public health agency from providing any services for  
114 26 which it is duly authorized.

CODE: Establishes a civil penalty if a local board of health or local public health agency fraudulently claims to be accredited.

114 27 Sec. 125. NEW SECTION . 135A.11 IMPLEMENTATION.  
114 28 The department shall implement this chapter only to the  
114 29 extent that funding is available.

CODE: The Department of Public Health may only implement the Public Health Modernization Act as funding becomes available.

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DETAIL: A total of \$161,349 is appropriated to the Governmental Public Health System Fund in this Act for FY 2010.

114 30 Sec. 126. EFFECTIVE DATE. This division of this Act,  
114 31 being deemed of immediate importance, takes effect upon  
114 32 enactment.

Division XI is effective on enactment.

114 33 DIVISION XII  
114 34 IOWACARE == NONPARTICIPATING  
114 35 PROVIDER == REIMBURSEMENT

115 1 Sec. 127. NEW SECTION . 249J.24A NONPARTICIPATING  
115 2 PROVIDER REIMBURSEMENT FOR COVERED SERVICES ==  
REIMBURSEMENT

CODE: Adds provisions to the IowaCare Program to reimburse nonparticipating providers if they meet certain criteria.

115 3 FUND.

115 4 1. A nonparticipating provider may be reimbursed for  
115 5 covered expansion population services provided to an expansion  
115 6 population member by a nonparticipating provider, if the  
115 7 nonparticipating provider contacts the appropriate  
115 8 participating provider prior to providing covered services to  
115 9 verify consensus regarding one of the following courses of  
115 10 action:

115 11 a. If the nonparticipating provider and the participating  
115 12 provider agree that the medical status of the expansion  
115 13 population member indicates it is medically possible to  
115 14 postpone provision of services, the nonparticipating provider  
115 15 shall direct the expansion population member to the  
115 16 appropriate participating provider for services.

115 17 b. If the nonparticipating provider and the participating  
115 18 provider agree that the medical status of the expansion  
115 19 population member indicates it is not medically possible to  
115 20 postpone provision of services, the nonparticipating provider  
115 21 shall provide medically necessary services.

115 22 c. If the nonparticipating provider and the participating  
115 23 provider agree that transfer of the expansion population  
115 24 member is not possible due to lack of available inpatient

115 25 capacity, the nonparticipating provider shall provide  
115 26 medically necessary services.  
115 27 d. If the medical status of the expansion population  
115 28 member indicates a medical emergency and the nonparticipating  
115 29 provider is not able to contact the appropriate participating  
115 30 provider prior to providing medically necessary services, the  
115 31 nonparticipating provider shall document the medical emergency  
115 32 and inform the appropriate participating provider immediately  
115 33 after the member has been stabilized of any covered services  
115 34 provided.

115 35 2. a. If the nonparticipating provider meets the  
116 1 requirements specified in subsection 1, the nonparticipating  
116 2 provider shall be reimbursed for covered expansion population  
116 3 services provided to the expansion population member through  
116 4 the nonparticipating provider reimbursement fund in accordance  
116 5 with rules adopted by the department of human services.  
116 6 However, any funds received from participating providers,  
116 7 appropriated to participating providers, or deposited in the  
116 8 IowaCare account pursuant to section 249J.24, shall not be  
116 9 transferred or appropriated to the nonparticipating provider  
116 10 reimbursement fund or otherwise used to reimburse  
116 11 nonparticipating providers.  
116 12 b. Reimbursement of nonparticipating providers under this  
116 13 section shall be based on the reimbursement rates and policies  
116 14 applicable to the nonparticipating provider under the full  
116 15 benefit medical assistance program, subject to the  
116 16 availability of funds in the nonparticipating provider  
116 17 reimbursement fund and subject to the appropriation of moneys  
116 18 in the fund to the department.  
116 19 c. The department shall reimburse the nonparticipating  
116 20 provider only if the recipient of the services is an expansion  
116 21 population member with active eligibility status at the time  
116 22 the services are provided.

CODE: Requires providers to be reimbursed through the Nonparticipating Provider Reimbursement Fund under the rates and policies of the Medicaid Program, if all requirements are met. Reimbursement is subject to available moneys in the Fund and is to be made only for active IowaCare members at the time services are provided.

116 23 3. a. A nonparticipating provider reimbursement fund is

CODE: Creates a Nonparticipating Provider Reimbursement Fund



116 24 created in the state treasury under the authority of the  
116 25 department. Moneys designated for deposit in the fund that  
116 26 are received from sources including but not limited to  
116 27 appropriations from the general fund of the state, grants, and  
116 28 contributions, shall be deposited in the fund. However, any  
116 29 funds received from participating providers, appropriated to  
116 30 participating providers, or deposited in the IowaCare account  
116 31 pursuant to section 249J.24 shall not be transferred or  
116 32 appropriated to the nonparticipating provider reimbursement  
116 33 fund or otherwise used to reimburse nonparticipating  
116 34 providers.  
116 35 b. Moneys in the fund shall be separate from the general  
117 1 fund of the state and shall not be considered part of the  
117 2 general fund of the state. The moneys deposited in the fund  
117 3 are not subject to section 8.33 and shall not be transferred,  
117 4 used, obligated, appropriated, or otherwise encumbered, except  
117 5 to provide for the purposes specified in this section.  
117 6 Notwithstanding section 12C.7, subsection 2, interest or  
117 7 earnings on moneys deposited in the fund shall be credited to  
117 8 the fund.  
117 9 c. Moneys deposited in the fund shall be used only to  
117 10 reimburse nonparticipating providers who provide covered  
117 11 services to expansion population members if no other third  
117 12 party is liable for reimbursement and as specified in  
117 13 subsection 1.  
117 14 d. The department shall attempt to maximize receipt of  
117 15 federal matching funds under the medical assistance program  
117 16 for covered services provided under this section if such  
117 17 attempt does not directly or indirectly limit the federal  
117 18 funds available to participating providers.

under the authority of the Department of Human Services and  
specifies when and how the funds may be used.

117 19 4. For the purposes of this section, "nonparticipating  
117 20 provider" means a hospital licensed pursuant to chapter 135B  
117 21 that is not a member of the expansion population provider  
117 22 network as specified in section 249J.7.

CODE: Defines Nonparticipating Provider under the IowaCare  
Program.

117 23 Sec. 128. NONPARTICIPATING PROVIDER REIMBURSEMENT FOR

Requires the Department of Human Services to include

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117 24 COVERED SERVICES == IOWACARE PROGRAM WAIVER RENEWAL. 117 25 1. Beginning July 1, 2010, the department of human 117 26 services shall include in any medical assistance program 117 27 waiver relating to the continuation of the IowaCare program 117 28 pursuant to chapter 249J, provisions for reimbursement of 117 29 covered expansion population services provided to an expansion 117 30 population member by a nonparticipating provider subject to 117 31 all of the following: 117 32 a. A nonparticipating provider may be reimbursed if the 117 33 nonparticipating provider contacts the appropriate 117 34 participating provider prior to providing covered services to 117 35 verify consensus regarding one of the following courses of 118 1 action: 118 2 (1) If the nonparticipating provider and the participating 118 3 provider agree that the medical status of the expansion 118 4 population member indicates it is medically possible to 118 5 postpone provision of services, the nonparticipating provider 118 6 shall direct the expansion population member to the 118 7 appropriate participating provider for services. 118 8 (2) If the nonparticipating provider and the participating 118 9 provider agree that the medical status of the expansion 118 10 population member indicates it is not medically possible to 118 11 postpone provision of services, the nonparticipating provider 118 12 shall provide medically necessary services. 118 13 (3) If the nonparticipating provider and the participating 118 14 provider agree that transfer of the expansion population 118 15 member is not possible due to lack of available inpatient 118 16 capacity, the nonparticipating provider shall provide 118 17 medically necessary services. 118 18 (4) If the medical status of the expansion population 118 19 member indicates a medical emergency and the nonparticipating 118 20 provider is not able to contact the appropriate participating 118 21 provider prior to providing medically necessary services, the 118 22 nonparticipating provider shall document the medical emergency 118 23 and inform the appropriate participating provider immediately 118 24 after the member has been stabilized of any covered services 118 25 provided. 118 26 b. Reimbursement of a nonparticipating provider shall be	reimbursement of nonparticipating providers in any continuation of the IowaCare Waiver if the provider meets certain criteria.
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118 27 based on the reimbursement rates and policies applicable to  
118 28 the nonparticipating provider under the full benefit medical  
118 29 assistance program, subject to the availability and  
118 30 appropriation of funds to the department for such purpose.  
118 31 c. Reimbursement shall be made to a nonparticipating  
118 32 provider only if the recipient of the services is an expansion  
118 33 population member with active eligibility status at the time  
118 34 the services are provided.  
118 35 d. For the purposes of this section, "nonparticipating  
119 1 provider" means a hospital licensed pursuant to chapter 135B  
119 2 that is not a member of the expansion population provider  
119 3 network as specified in section 249J.7.

119 4 2. Notwithstanding the requirement of this section  
119 5 directing the department of human services to include  
119 6 provisions for reimbursement of covered services provided to  
119 7 an expansion population member by a nonparticipating provider  
119 8 under any medical assistance program waiver relating to the  
119 9 continuation of the IowaCare program beginning July 1, 2010,  
119 10 if the department of human services in consultation with the  
119 11 governor determines that such requirement would adversely  
119 12 affect continuation of or would reduce the amount of funding  
119 13 available for the IowaCare waiver, the department shall not  
119 14 include such provisions in the IowaCare waiver.

CODE: Notwithstands the requirements of this Section if the  
Department, in consultation with the Governor, determines that the  
requirement would adversely affect the Program.

119 15 DIVISION XIII  
119 16 MISCELLANEOUS STATUTORY CHANGES

119 17 Sec. 129. NEW SECTION . 157.3B EXAMINATION INFORMATION.  
119 18 Notwithstanding section 147.21, individual pass or fail  
119 19 examination results made available from the authorized  
119 20 national testing agency to the board may be disclosed to the  
119 21 board=approved education program from which the applicant for  
119 22 licensure graduated for purposes of verifying accuracy of  
119 23 national data and reporting aggregate licensure examination

Permits certain examination results to be available to the Board of  
Cosmetology Arts and Sciences for purposes of verifying national  
data.

119 24 results as required for a program's continued accreditation.

119 25 Sec. 130. Section 234.12A, subsection 1, Code 2009, is  
119 26 amended to read as follows:

119 27 1. The department of human services shall maintain an  
119 28 electronic benefits transfer program utilizing electronic  
119 29 funds transfer systems for the food assistance program. The  
119 30 electronic benefits transfer program implemented under this  
119 31 section ~~shall at a minimum provide for all of the following:~~

119 32 ~~a. A retailer shall not be required~~ require a retailer to  
119 33 make cash disbursements or to provide, purchase, or upgrade  
119 34 electronic funds transfer system equipment as a condition of  
119 35 participation in the program.

120 1 ~~b. A retailer providing electronic funds transfer system~~  
120 2 ~~equipment for transactions pursuant to the program shall be~~  
120 3 ~~reimbursed seven cents for each approved transaction pursuant~~  
120 4 ~~to the program utilizing the retailer's equipment.~~

120 5 ~~c. A retailer that provides electronic funds transfer~~  
120 6 ~~system equipment for transactions pursuant to the program and~~  
120 7 ~~who makes cash disbursements pursuant to the program utilizing~~  
120 8 ~~the retailer's equipment shall be paid a fee of seven cents by~~  
120 9 ~~the department for each cash disbursement transaction by the~~  
120 10 ~~retailer.~~

CODE: Eliminates the \$0.07 fee paid to retailers for the Supplemental Nutrition Assistance Program.

DETAIL: This is estimated to save the State \$690,726 in FY 2010.

120 11 Sec. 131. Section 237B.1, subsection 3, Code 2009, is  
120 12 amended to read as follows:

120 13 3. In establishing the initial and subsequent standards,  
120 14 the department of human services shall review other  
120 15 certification and licensing standards applicable to the  
120 16 centers. The standards established by the department shall be  
120 17 broad facility standards for the protection of children's  
120 18 safety. The department shall also apply criminal and abuse  
120 19 registry background check requirements for the persons who  
120 20 own, operate, staff, participate in, or otherwise have contact  
120 21 with the children receiving services from a children's center.  
120 22 The background check requirements shall be substantially

CODE: Requires the DHS to apply criminal and abuse registry background check requirements for owners and operators of children centers. Includes staff and other persons that may have contact with the children. Requires the background check requirements to be substantially equivalent to those of a child foster care facility provider.

120 23 equivalent to those applied under chapter 237 for a child  
 120 24 foster care facility provider. The department of human  
 120 25 services shall not establish program standards or other  
 120 26 requirements under this section involving program development  
 120 27 or oversight of the programs provided to the children served  
 120 28 by children's centers.

120 29 Sec. 132. Section 249A.3, subsection 14, Code 2009, is  
 120 30 amended to read as follows:  
 120 31 14. Once initial ongoing eligibility for ~~the family~~  
 120 32 medical assistance ~~program=related medical assistance~~ is  
 120 33 determined for a child ~~described under subsection 1, paragraph~~  
 120 34 ~~"b", "f", "g", "j", "k", "l", or "n" or under subsection 2,~~  
 120 35 ~~paragraph "e", "f", or "h" the age of nineteen~~, the department  
 121 1 shall provide continuous eligibility for a period of up to  
 121 2 twelve months regardless of changes in family circumstances,  
 121 3 until the child's next annual review of eligibility under the  
 121 4 medical assistance program, ~~if the child would otherwise be~~  
 121 5 ~~determined ineligible due to excess countable income but~~  
 121 6 ~~otherwise remains eligible with the exception of the following~~  
 121 7 ~~children:~~  
 121 8 a. A newborn child of a medical assistance=eligible woman.  
 121 9 b. A child whose eligibility was determined under the  
 121 10 medically needy program.  
 121 11 c. A child who is eligible under a state=only funded  
 121 12 program.  
 121 13 d. A child who is no longer an Iowa resident.  
 121 14 e. A child who is incarcerated in a jail or other  
 121 15 correctional institution.

CODE: Makes federally required changes to continuous eligibility provisions for Medicaid children to the Code of Iowa.

121 16 Sec. 133. CHILD SUPPORT ENFORCEMENT INFORMATION. The  
 121 17 sections of 2009 Iowa Acts, Senate File 319, amending section  
 121 18 252B.5, subsection 9, paragraph b, unnumbered paragraph 1;  
 121 19 section 252B.9, subsection 2, unnumbered paragraph 1; section  
 121 20 252B.9, subsection 2, paragraph a; section 252B.9, subsection  
 121 21 2, paragraph b, unnumbered paragraph 1; section 252B.9,

CODE: Repeals portions of SF 319 (FY 2010 Child Support Omnibus Act) to reflect recent changes in federal regulations.

121 22 subsection 2, paragraph b, subparagraph (1); section 252B.9,  
121 23 subsection 3, paragraphs e and g; section 252B.9A, subsection  
121 24 1; section 252G.5, subsections 2 and 3; section 598.22,  
121 25 subsection 3; and section 598.26, subsection 1, Code 2009, and  
121 26 providing for such amendments' effective date, are repealed.

121 27 Sec. 134. EFFECTIVE DATE == RETROACTIVE APPLICABILITY.  
121 28 The section of this division of this Act amending section  
121 29 249A.3, subsection 14, being deemed of immediate importance,  
121 30 takes effect upon enactment and is retroactively applicable to  
121 31 July 1, 2008.

The Section relating to Medicaid continuous eligibility is effective on enactment and retroactive to July 1, 2008.

121 32 Sec. 135. EXCHANGE OF ELECTRONIC INDIVIDUALLY IDENTIFIABLE  
121 33 HEALTH INFORMATION. The executive committee of the electronic  
121 34 health information advisory council created in section  
121 35 135.156, with the technical assistance of the advisory council  
122 1 and the support of the department of public health, shall  
122 2 review the electronic exchange of individually identifiable  
122 3 health information by health care providers for the purpose of  
122 4 treatment with the goal of facilitating informed treatment  
122 5 decisions and providing higher quality and safer care, while  
122 6 protecting the privacy of patients and the security and  
122 7 confidentiality of patient information. Following the review,  
122 8 the executive committee shall report the results of its review  
122 9 and recommendations, including any proposed changes in state  
122 10 law and rules relating to such information exchange, to the  
122 11 governor and the general assembly no later than December 15,  
122 12 2009.

Requires the Executive Committee of the Electronic Health Information Advisory Council to review barriers in State law related to electronic health records and to submit proposals to the Governor and the General Assembly by December 15, 2009.

122 13 Sec. 136. EFFECTIVE DATE == RETROACTIVE APPLICABILITY.  
122 14 The section of this division of this Act relating to child  
122 15 support enforcement information by repealing sections of 2009  
122 16 Iowa Acts, Senate File 319, as enacted, being deemed of  
122 17 immediate importance, takes effect upon enactment, and is  
122 18 retroactively applicable to March 23, 2009.

This Section repealing certain sections of SF 319 regarding child support enforcement is effective on enactment and retroactive to March 23, 2009.

122 19 Sec. 137. CODE EDITOR DIRECTIVE == INTENT.  
122 20 1. References in this Act to the department of elder  
122 21 affairs mean the department on aging in accordance with 2009  
122 22 Iowa Acts, Senate File 204, as enacted, unless a contrary  
122 23 intent is clearly evident.  
122 24 2. The Iowa Code editor is directed to make conforming  
122 25 changes, as appropriate, to codified provisions of this Act to  
122 26 reflect the provisions of 2009 Iowa Acts, Senate File 204, as  
122 27 enacted, including but not limited to replacing the words  
122 28 "department of elder affairs" with the words "department on  
122 29 aging".

Directs the Code Editor to change any references from the  
Department of Elder Affairs to the Department on Aging.

122 30 Sec. 138. Sections 237A.28 and 422.100, Code 2009, are  
122 31 repealed.

CODE: Repeals Sections relating to the elimination of the Child Care  
Tax Credit. Funding is provided in the child care subsidy  
appropriation.

122 32 HF 811  
122 33 pf/cm/25